

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob Albert.		Town Hagerstown		County Washington		MARYLAND	
Died at Hagerstown		Month 7		Day 17		Years 88	
Date of death 1906		Age 88		Months 3		Days —	
Sex male		Color or Race white		Birth- place Penna.			
Occupation Retired Butcher		Where Residing if not at place of death —					
Married, Single or Widowed married		Name of Wife or Husband Mrs Mary Paulus Albert.					
Father's Name Jacob Albert		Father's Birthplace Penna.					
Mother's Maiden Name Ann Rebecca Campbell		Mother's Birthplace "					
Name of person giving Information Jacob M. Albert		How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

How long

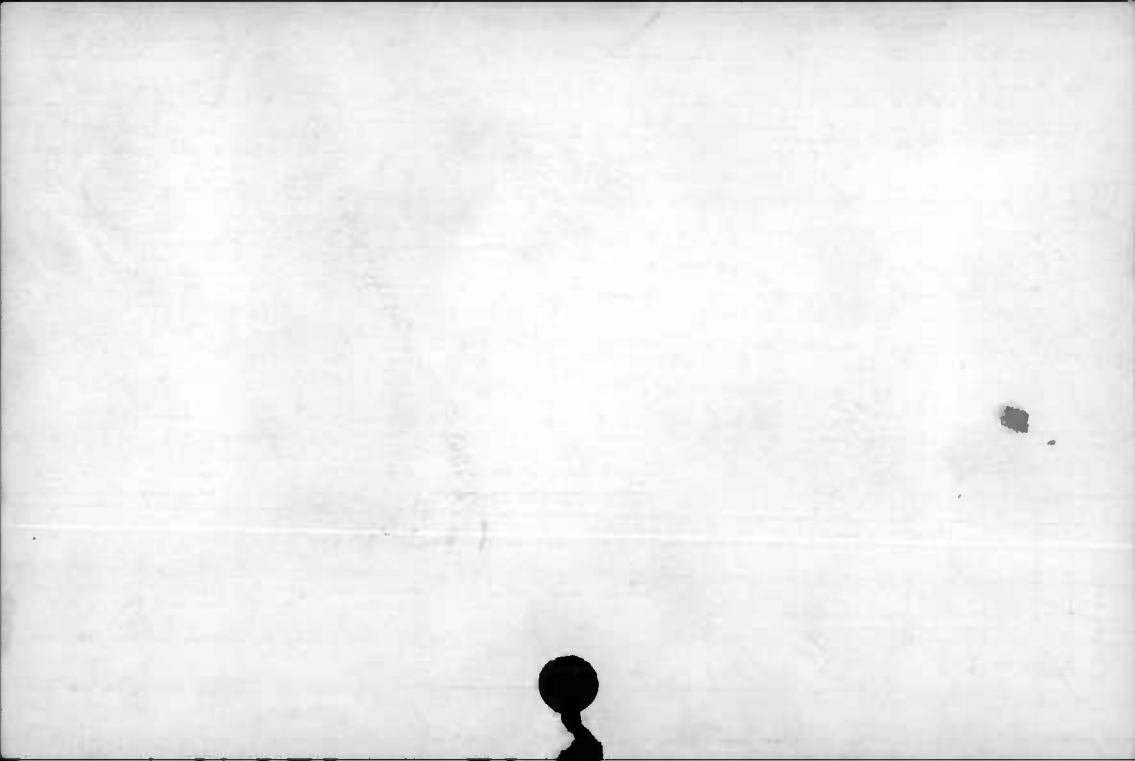
Thirteen years

Immediate

Are the name, age, sex, color, date
and place correctly given above?**yes**Signature of
Physician

Address

J. M. Scott**J. M. Scott**
HagerstownAccident ~~or~~ Suicide?



Name
in
Full

Leemuel Babington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brownsville</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1905	Month	July	Day	15
Age	34	Years		Months	10
		Days			25
Sex	Male	Color or Race	White	Birth-place	Fred. Co.
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Babington		
Father's Name	William Babington		Father's Birthplace	Fred. Co.	
Mother's Maiden Name	Amanda Moser		Mother's Birthplace	Fred. Co.	
Name of person giving information	Wife Babington		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alcoholism	How long	Twenty years
Immediate	Apoplexy	How long	6 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. L. Smith
		Address	Brownsville Maryland
Accident or Suicide?			

18

11

11

Name

In Full

Maurice D. Bachtell

CERTIFICATE OF DEATH

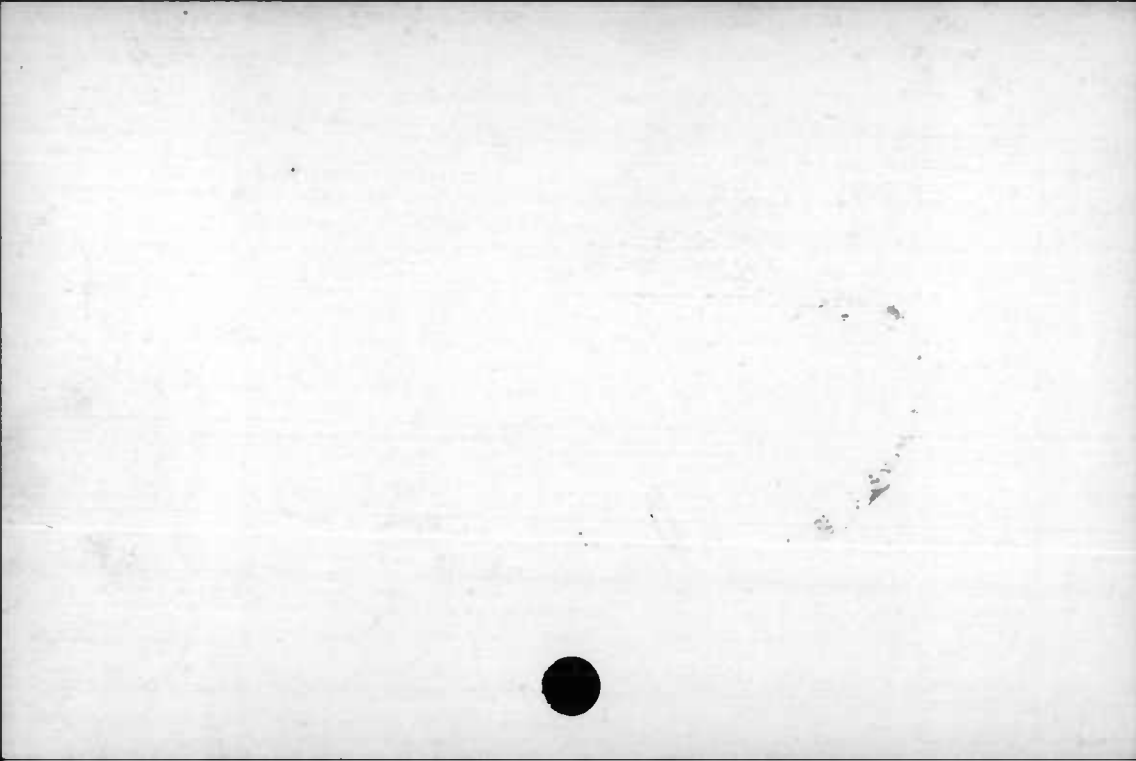
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i> ^{Town}		County <i>Harrison</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
<u>Married, Single or Widowed</u>		Name of Wife or Husband <i>Frank Bachtell</i>			
Father's Name <i>Frank Bachtell</i>		Father's Birthplace <i>Greenburg</i>			
Mother's Maiden Name <i>Nettie Dayhoff</i>		Mother's Birthplace <i>Greentown</i>			
Name of person giving information <i>Frank Bachtell</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i> <i>(105)</i>	How long <i>6 Days</i>
Immediate <i>Convulsions & Delirium</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Jacobson</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

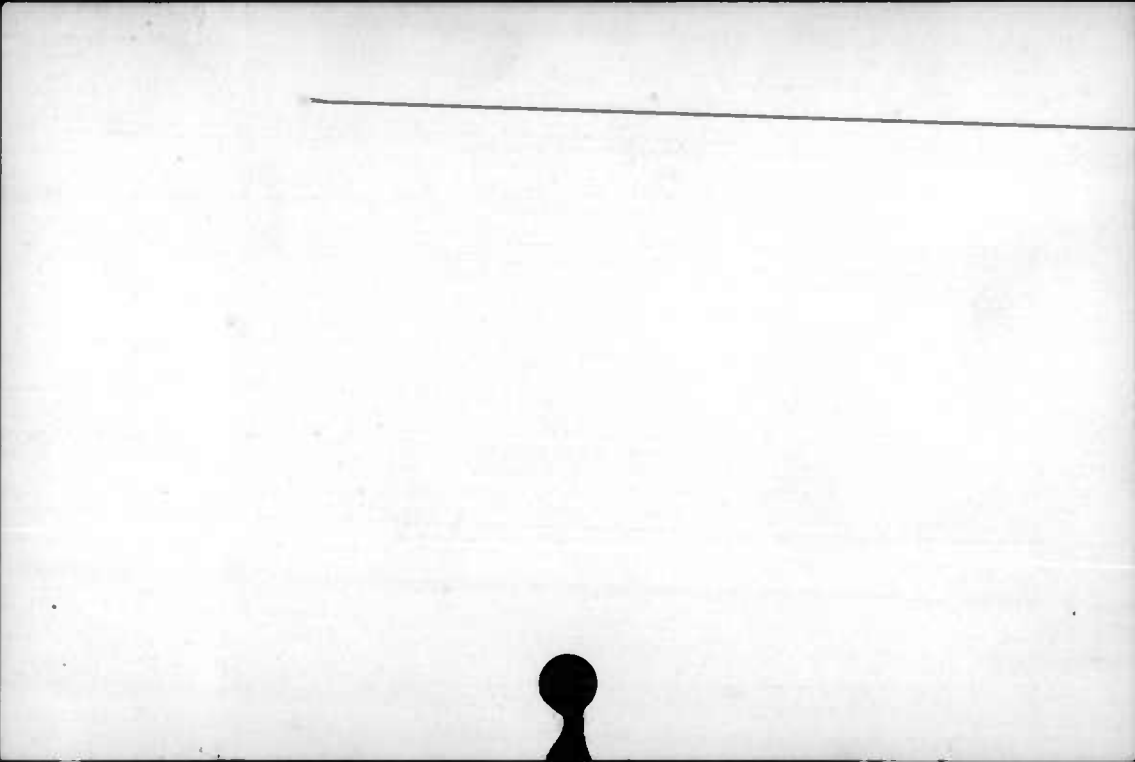
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Maria Beard</i>		County		MARYLAND	
Died at <i>Big Pool</i>		Town		County	
Date of death <i>1905</i>		Month <i>July</i>	Day <i>21st</i>	Age <i>90</i>	Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Big Pool Md</i>		Months	
Occupation		Where Residing if not at place of death <i>Big Pool</i>		Days	
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Wife of Denton Beard</i>				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>L. M. Mills</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infirmities of Old Age</i>	How long <i>Two Days</i>
Immediate <i>Heart Failure</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Perry</i>
	Address <i>Clearspring</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

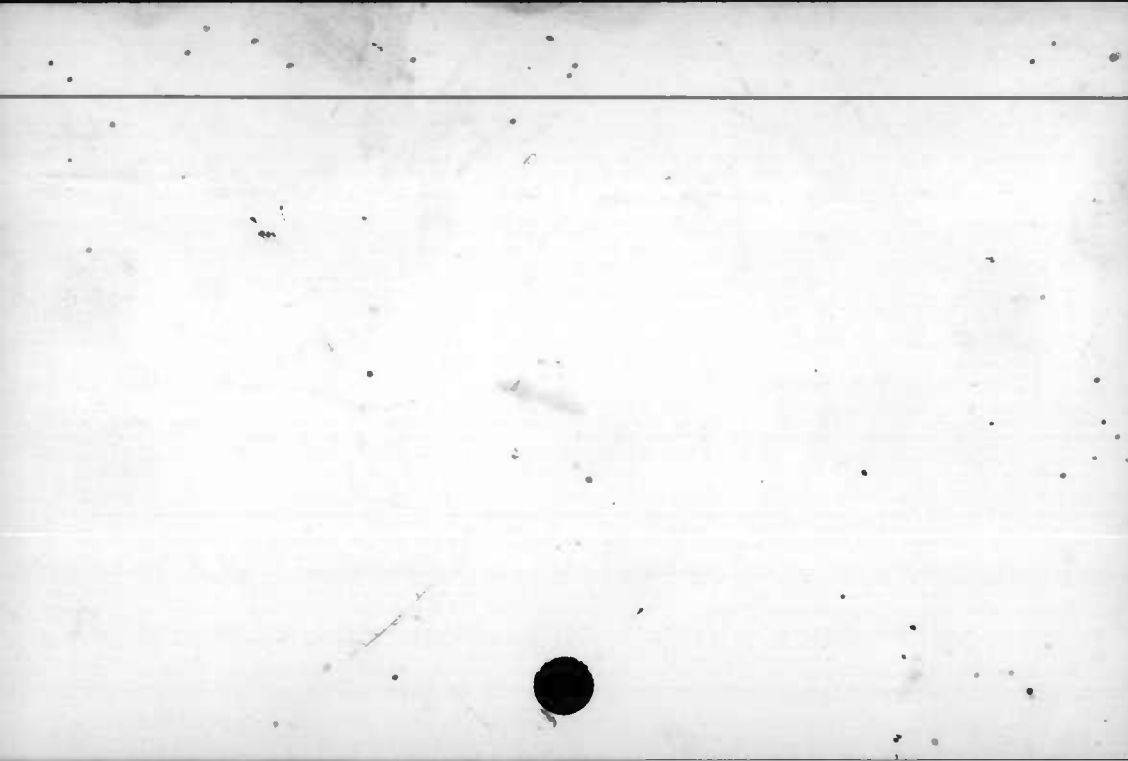
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jessie D. Bloom</i>		Town <i>Tilghmanston</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Tilghmanston</i>		Month <i>7</i>		Day <i>1</i>		Age Years <i>9</i> Months <i>—</i> Days <i>29</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Tilghmanston</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Enoch Bloom</i>				Father's Birthplace <i>Tilghmanston</i>			
Mother's Maiden Name <i>Matilda Kentzell</i>				Mother's Birthplace <i>Bonslow, Ind.</i>			
Name of person giving information <i>Enoch Bloom</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dry Burn</i>	How long <i>67</i>
Immediate <i>Shock</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Richard</i>
Address <i>Bartholomew</i>	
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary E. Bratcall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hancock</i>		Town <i>Hancock</i>		County <i>Washington</i>		MARYLAND	
Date of death	1905	Month	July	Day	23	Age	32
Sex	Female	Color or Race	White	Birth-place	Rohrville Md	Months	10
Occupation	Housewife		Where Residing if not at place of death		Died at home.		
Married, Single or Widowed	Married	Name of Wife or Husband	Henry C. Bratcall				
Father's Name	Charles Rice.				Father's Birthplace	Wisconsin.	
Mother's Maiden Name	Susan Seiler.				Mother's Birthplace	Rohrville Md	
Name of person giving information	Henry C. Bratcall				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>		How long	<i>from one - 3 yrs</i>
Immediate	<i>" " "</i>		How long	<i>" " "</i>
Are the name, age, sex, color, data and place correctly given above?		<i>yes</i>	Signature of Physician	<i>H. E. Tabler</i>
			Address	<i>Hancock, Md.</i>
Accident or Suicide?				

Dr. L. H. S.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Beaver Creek* Town*Loosh* CountyDate of death *1905 July* MonthDay *12*

Age

Years

Months *4*

Days

Sex

*male*Color or
Race*white*Birth-
place*Beaver Creek*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*William Brining*Father's
Birthplace*md*Mother's
Maiden Name*Katherine Ruedy*Mother's
Birthplace*md*Name of person giving
information*4. J. Stollenwerk*How related
to deceased*Not related*

CAUSES OF DEATH

Primary

Meningitis

How long

10 days

Immediate

Convulsions

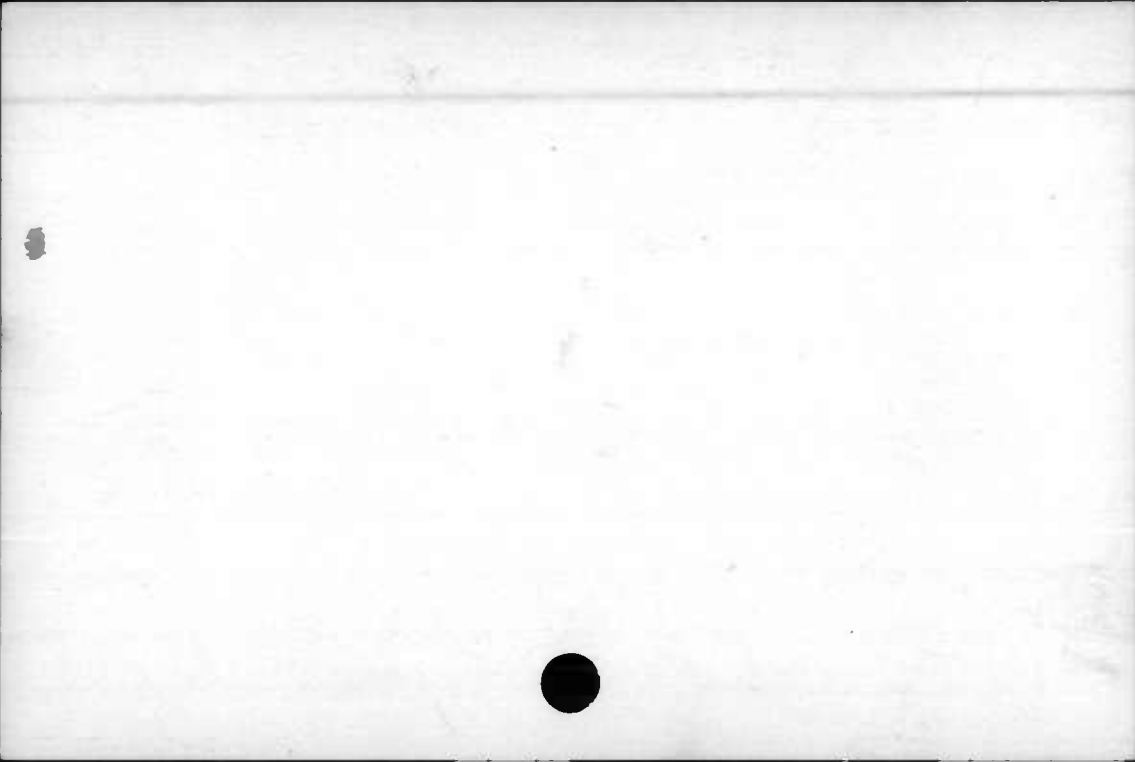
How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*S. S. Davis*

Address

Boonsboro

Accident or Suicide?



Name
in
Full

Henrietta Brooks

CERTIFICATE OF DEATH

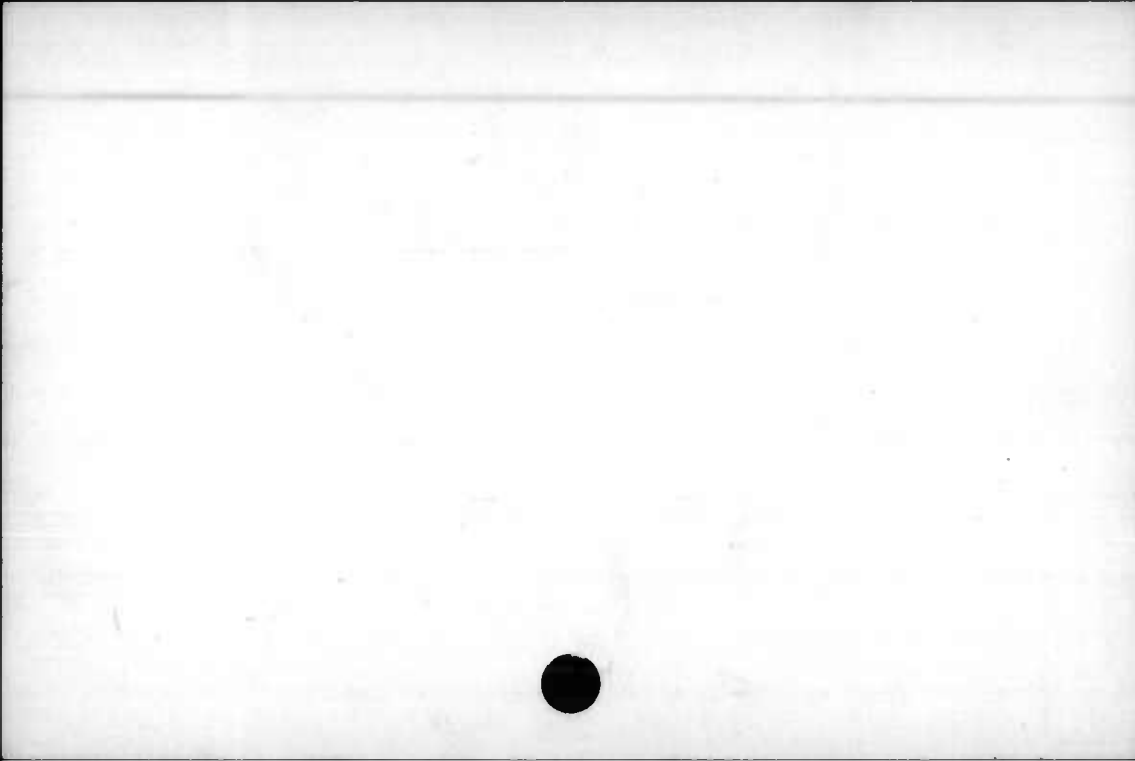
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blue Ridge Summit</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>July</i>	Day	<i>21</i>
		Years	<i>37</i>	Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>✓</i>
Occupation		Where Residing if not at place of death <i>Baltimore</i>			
Married Single or Widowed		Name of Wife or Husband			
Father's Name		<i>John C Brooks</i>		Father's Birthplace <i>✓</i>	
Mother's Maiden Name		<i>Armenia M</i>		Mother's Birthplace <i>✓</i>	
Name of person giving information		<i>R. Trustall Taylor M.D.</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>"Potts Disease"</i> <i>Tuberculosis of the spine & Myelitis</i>	How long	<i>3 years</i>
Immediate	<i>Apnœa Paralysis Respiratory Centre</i>	How long	<i>3-4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Trustall Taylor M.D.</i>	
		Address <i>Blue Ridge Summit Md</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

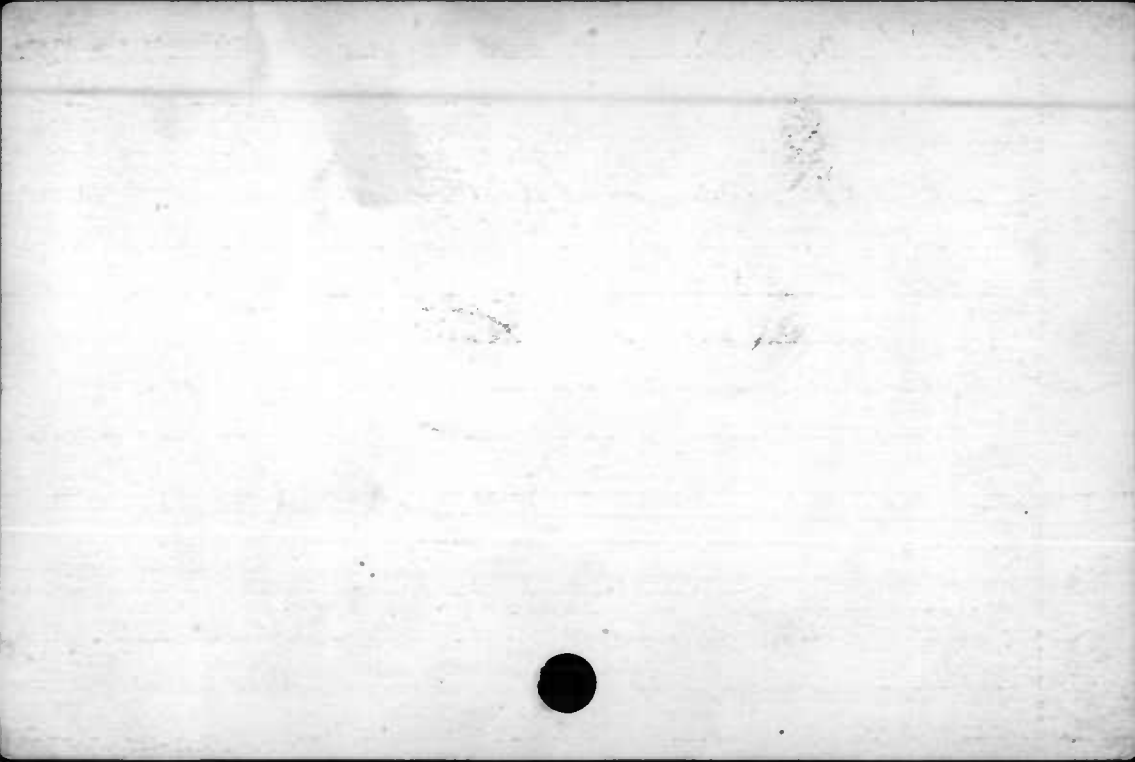
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Paul Vernon Buchanan		Town Fairview		County York		MARYLAND	
Died at Fairview							
Date of death 1905		Month July		Day 23		Age Years ---	
Sex male		Color or Race white		Birth- place Fairview		Months 6	
Occupation ---		Where Residing if not at place of death home				Days 10	
Married, Single or Widowed ---		Name of Wife or Husband ---					
Father's Name John E Buchanan		Father's Birthplace MD					
Mother's Maiden Name Mary Horst		Mother's Birthplace MD					
Name of person giving In formation Mrs J E Buchanan		How related to deceased mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastric Enteritis	How long 10	How long 5 or 6 weeks
Immediate Exhaustion	How long ---	
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Harry B. Fortz	
	Address Wilkesbarre Pa.	
Accident or Suicide?		



Name in Full

Certificate of Death

A. Centaine Andrew Burns
 Town County

MARYLAND

Died at

Washington

Date 1903-

Month Day

July 31

Y. M. D.

Native of

Occupation

Labourer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

19

Cause of

Primary

Unknown, found dead

How long sick

Death

Immediate

along W. M. R. R.

~~Accident, Suicide, Homicide,~~

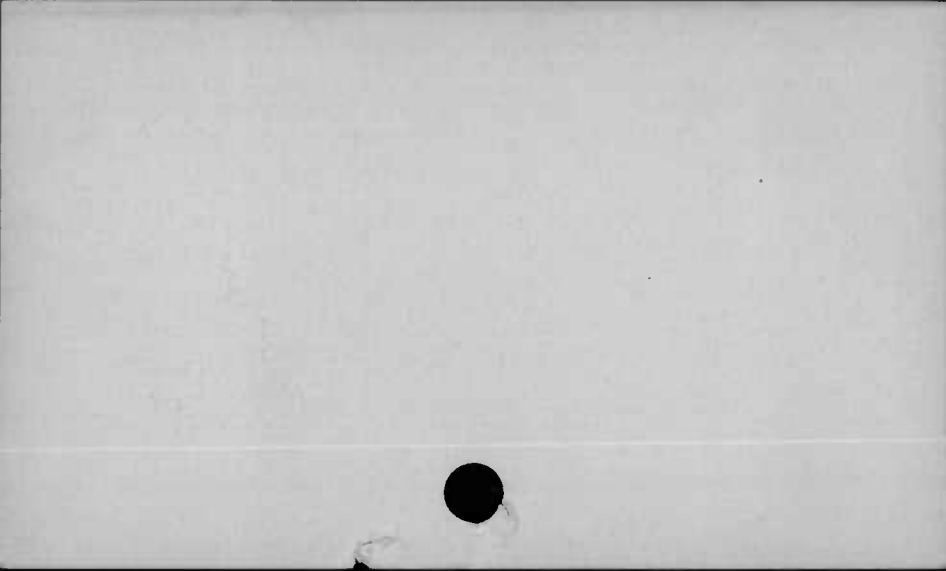
Reported by

J. O. Perry M.D.

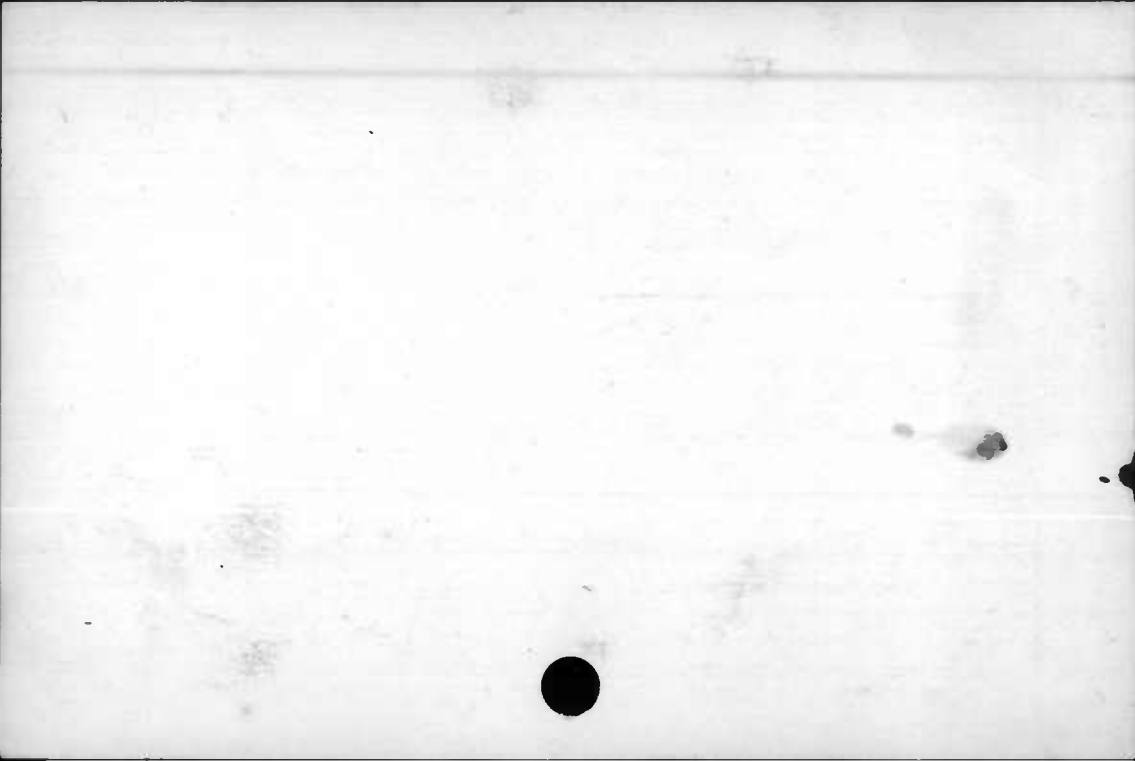
Address

Clearspring Md

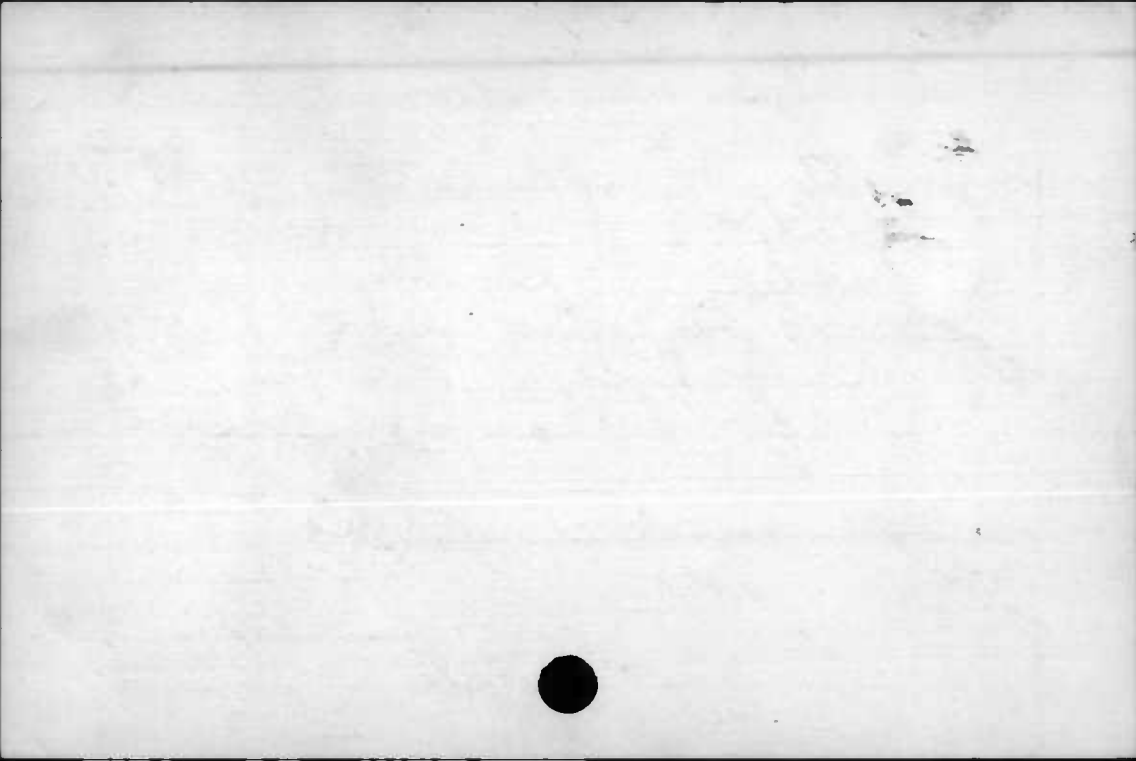
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Certificate of Death			
Harry Cochenour		Town Hagerstown		County Washington	
Died at		Maryland			
Date of death 1905		Month 7	Day 14	Age 68	Months 3
Sex Male		Color or Race White		Birth-place Md	
Occupation Moulder		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary E. Cochenour			
Father's Name Daniel Cochenour		Father's Birthplace Md			
Mother's Maiden Name Eliza + don't know		Mother's Birthplace Md			
Name of person giving In full Mary E. Cochenour		How related to deceased Wife			
CAUSES OF DEATH					
Primary Chronic nephritis Endocarditis		How long Several years			
Immediate Exhaustion		How long 6 months			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Arthur D. Miller			
		Address Spawnton, Md			
Accident or Suicide? no					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>7</i>	Day <i>6</i>	Age <i>2</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>		
	Occupation <i>Child</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Harry D. Sisson</i>	Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Mary Potts</i>	Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mary D. Sisson</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Cholera Infantum</i>		How long <i>100</i>	<i>48 hours.</i>
	Immediate	<i>Exhaustion</i>		How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Victor D. Miller</i>		
			Address <i>Spring Grove, Ind.</i>		
Accident or Suicide? <i>No</i>					



Name
in
Full

CERTIFICATE OF DEATH

Joshua Eckstine

MARYLAND

Died at near Chewsville Wash.

Date of death 1904-7-9 Age 66

Sex Male Color or Race white Birth-place Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Mrs Annie Eckstine

Father's Name Jacob Eckstine Father's Birthplace Md.

Mother's Maiden Name Barbara Dayhoff Mother's Birthplace "

Name of person giving Information Clarence Eckstine How related to deceased son

CAUSES OF DEATH

Primary Mitral insufficiency Sphaeculation How long Several years

Immediate Sphaeculation How long Several months

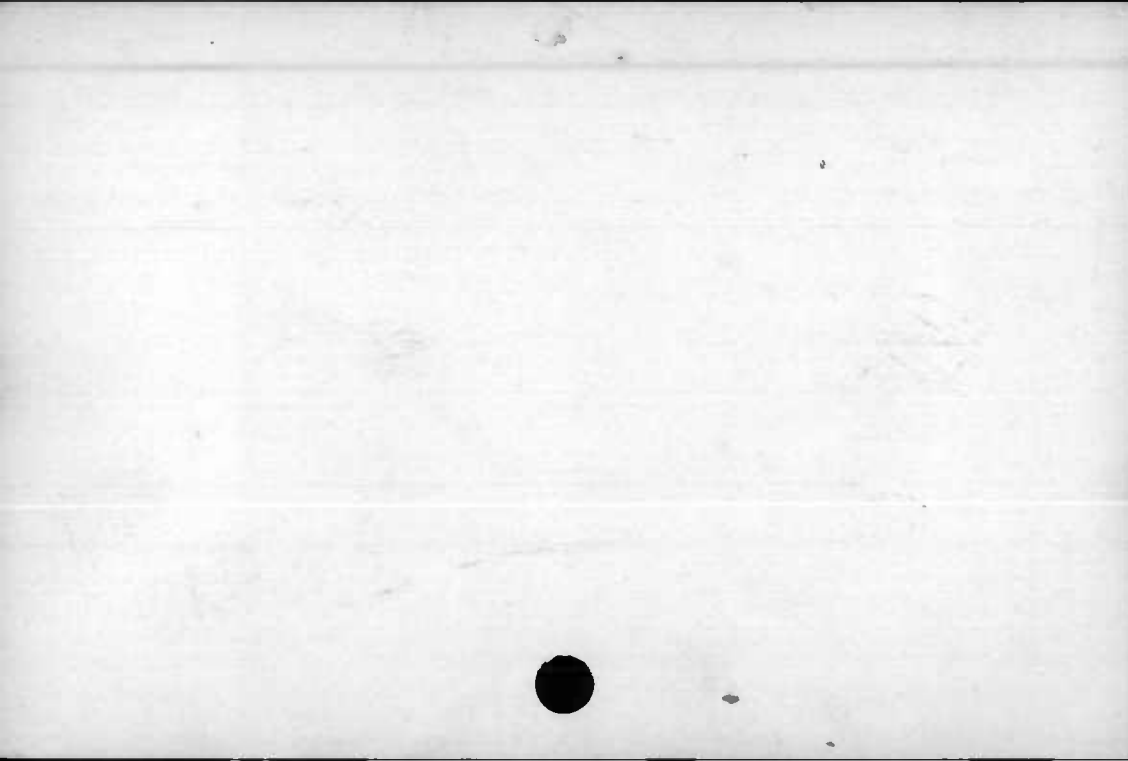
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician O. W. Pagan

Address Hagerstown Md.

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

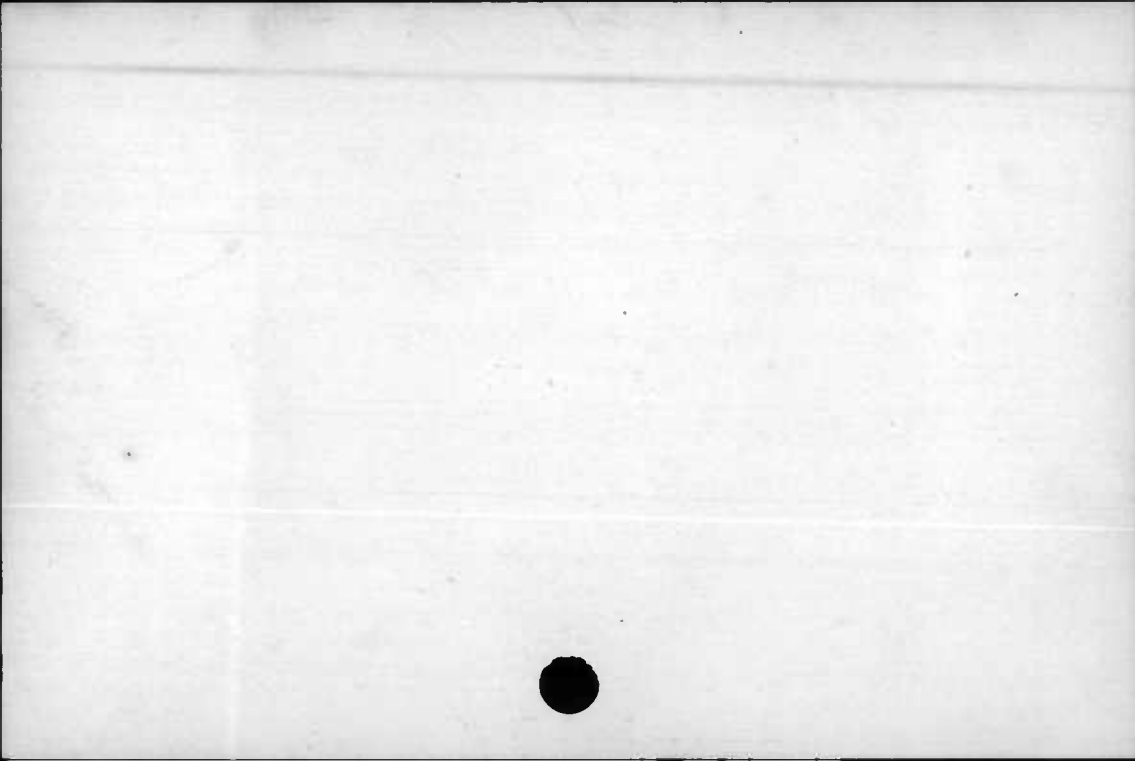
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Annie E. Emmert		Town Hagerstown		County Wash.		MARYLAND	
Died at Hagerstown		Month 7		Day 12		Years 66	
Date of death 1901		Months 3		Days 15			
Sex female		Color or Race white		Birthplace Md.			
Occupation H. W.		Where Residing if not at place of death					
Married, Single or Widowed widow		Name of Husband Joseph S. Emmert.					
Father's Name Daniel P. Saylor		Father's Birthplace Md.					
Mother's Maiden Name Sarah Root.		Mother's Birthplace					
Name of person giving information Samuel Emmert		How related to deceased son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease	How long
Immediate Asthma	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. P. Haupp
Address J. P. Haupp	
Accident or Suicide?	



Name
in
Full

Benjamin F. Cushman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clearfoss</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death 190 <u>5</u>	<u>July</u> <small>Month</small>	<u>28</u> <small>Day</small>	Age <u>69</u> <small>Years</small>	<u>10</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex <u>man</u>	Color or Race <u>White</u>		Birth-place <u>Somerset Pa</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Retired Farmer</u>				
Name of Wife or Husband <u>Elizabeth</u>					
Father's Name <u>Christian Cushman</u>			Father's Birthplace <u>Somerset Pa</u>		
Mother's Maiden Name <u>Sidy Weaver</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving Information <u>D. R. Cushman</u>			How related to deceased <u>Cousin</u>		

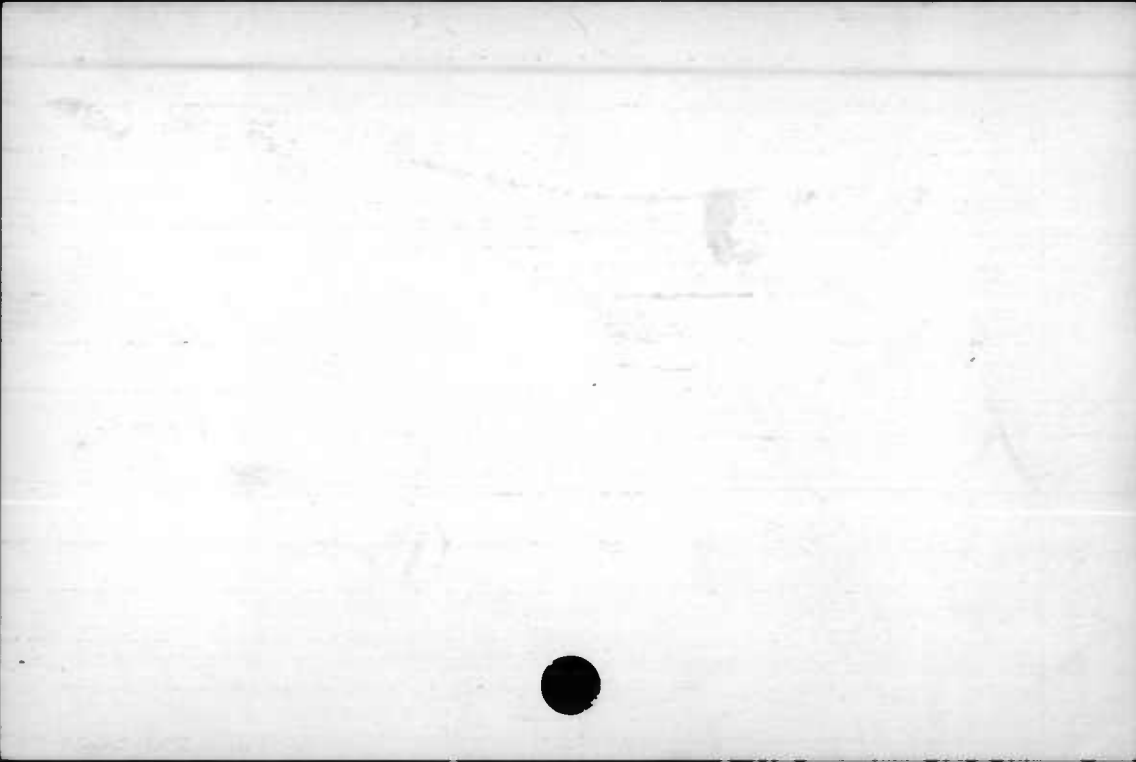
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>5 days</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. R. Cushman M.D.</u>
	Address <u>Washington Pa.</u>
Accident or Suicide? <u>—</u>	



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Years	
		Sex		Color or Race		Birth-place		Months	
		Occupation		Where Residing if not at place of death				Days	
		Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
		Name of person giving information		How related to deceased					
		CAUSES OF DEATH							
		Primary		How long					
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address					
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lewis F. Farnsworth

Died at *Port Lockes* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *July* ^{Day} *31* Age ^{Years} *77* ^{Months} *4* ^{Days} *15*

Sex *Male* Color or Race *White* Birth-place *Bowie*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Martha Susan Silver*

Father's Name Father's Birthplace *Bowie*

Mother's Maiden Name Mother's Birthplace *W.D.*

Name of person giving information *Sam'l. H. Farnsworth* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* ☒ How long *2 yrs.*

Immediate *Exhaustion* ☒ How long

Are the name, age, sex, color, date and place correctly given above?

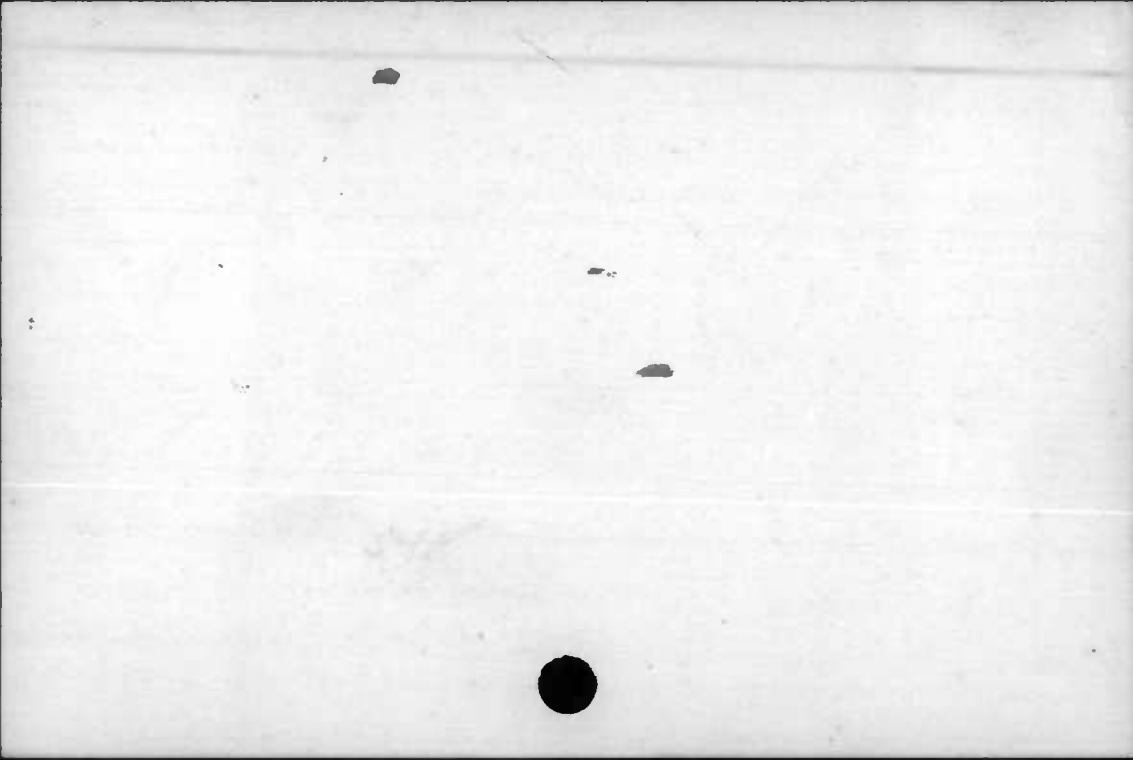
Signature of Physician

Address

Accident or Suicide?

Dr. H. C. Foster

Chesapeake, Md.



Name
in
Full

Ira Clyde Friess

CERTIFICATE OF DEATH

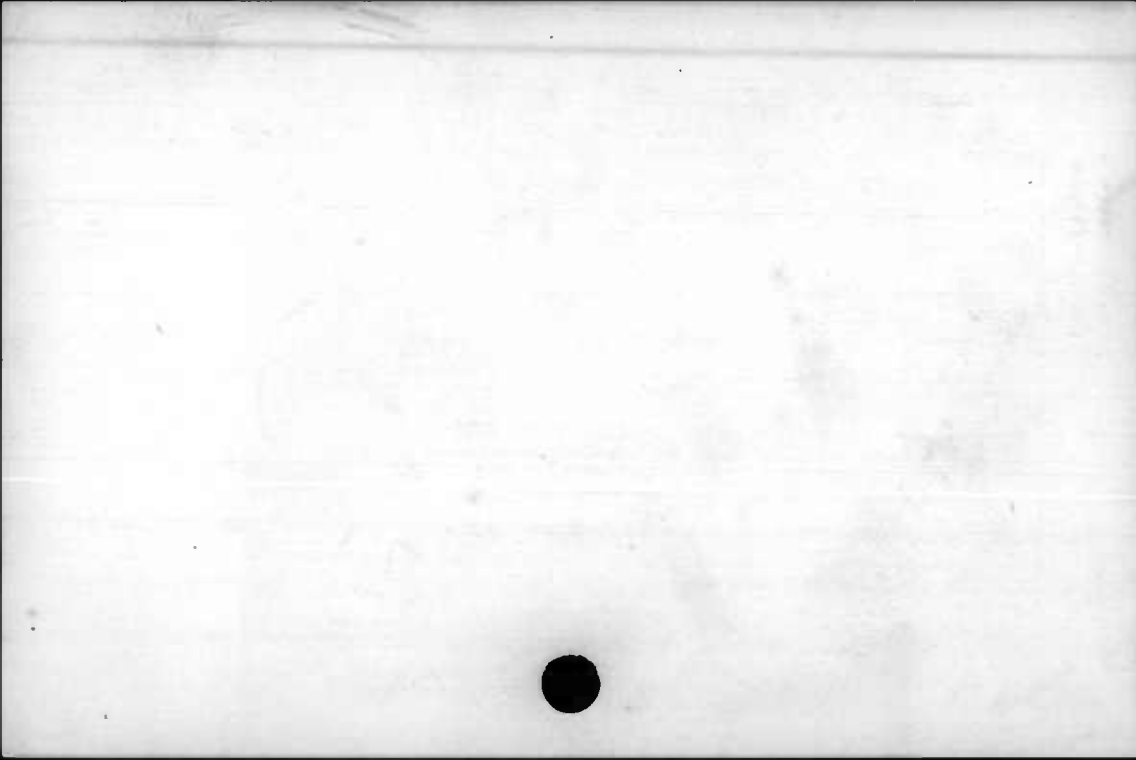
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Blagden town</u> <small>Town</small>		<u>Wash.</u> <small>County</small>		MARYLAND	
Date of death 190 <u>5</u> <small>Year</small>	<u>7</u> <small>Month</small>	<u>29</u> <small>Day</small>	Age <u>29</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>21</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>			
Occupation <u>Liveryman</u>	Where Residing if not at place of death <u>Ind</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Etha C. Friess</u>				
Father's Name <u>Wm Friess</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Ellen Epler</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Mrs. E. C. Friess</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>6 years(?)</u>
Immediate <u>Exhaustion</u>	How long <u>6 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Victor D. Miller, Jr.</u>
	Address <u>Hydrus, Md.</u>
Accident or Suicide? <u>No</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth Gardner*

Died at *four* Town *Secko* County *Wash-*

Date of death *903* Month *7* Day *17* Age *84* Years Months *—* Days *11*

Sex *female* Color or Race *white* Birth-place *Washington Co*

Occupation *housewife* Where Residing if not at place of death

☒ Married, Single ☐ Widowed Name of Wife or Husband *William Gardner*

Father's Name *Jacob Heashey* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth Young* Mother's Birthplace *Washington Co*

Name of person giving information *Mrs C Barker* How related to deceased *daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Old age* How long

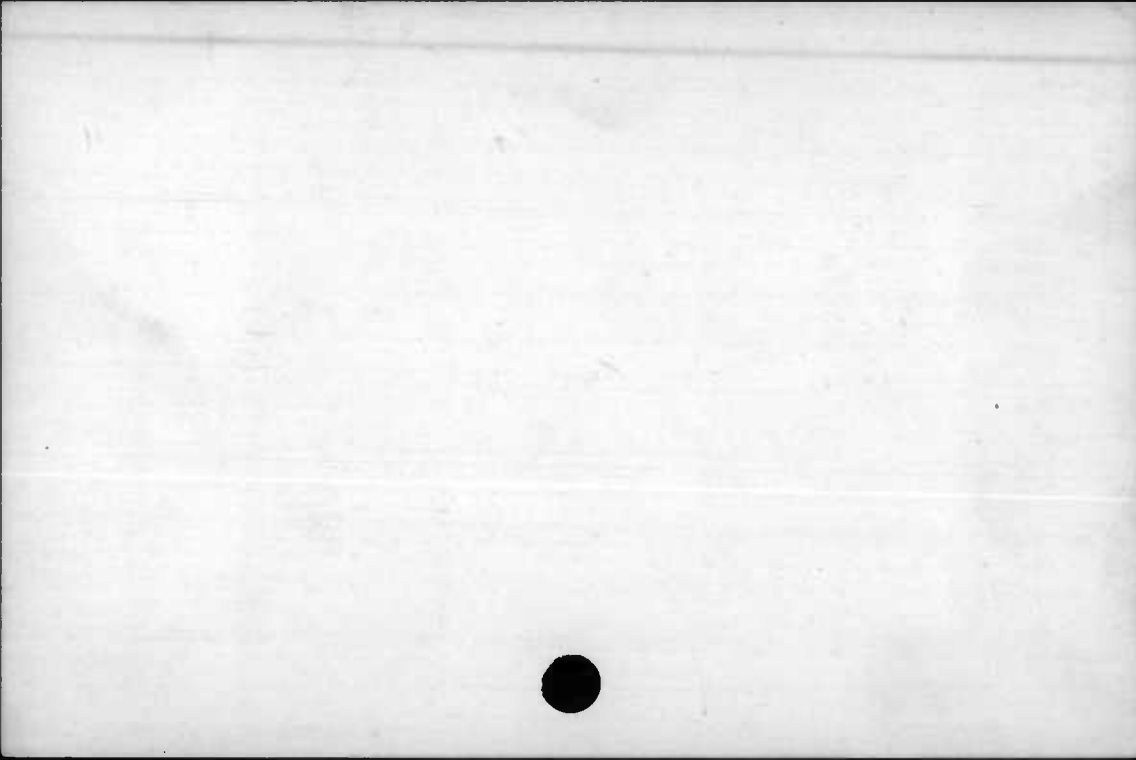
Immediate *Heart failure* How long *Twelve days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Abraham Shank*

Address *Clearspring Washington Co*

☒ Accident or Suicide?



Name
in
Full

Arie Ann Garding

CERTIFICATE OF DEATH

Penna
MARYLANDTO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Waynesboro^{County} Franklin

Date of death 1905 July

Day 19

Age 80

Months 10

Days 18

Sex Female

Color or Race White

Birthplace

Occupation

Where Residing if not
at place of death

Married, Single or Widowed Widow

Name of Wife or
Husband

Father's Name Charles West

Father's
Birthplace

Mother's Maiden Name Rachael Coulson

Mother's
BirthplaceName of person giving
Information W. E. StaufferHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis

How long Six months

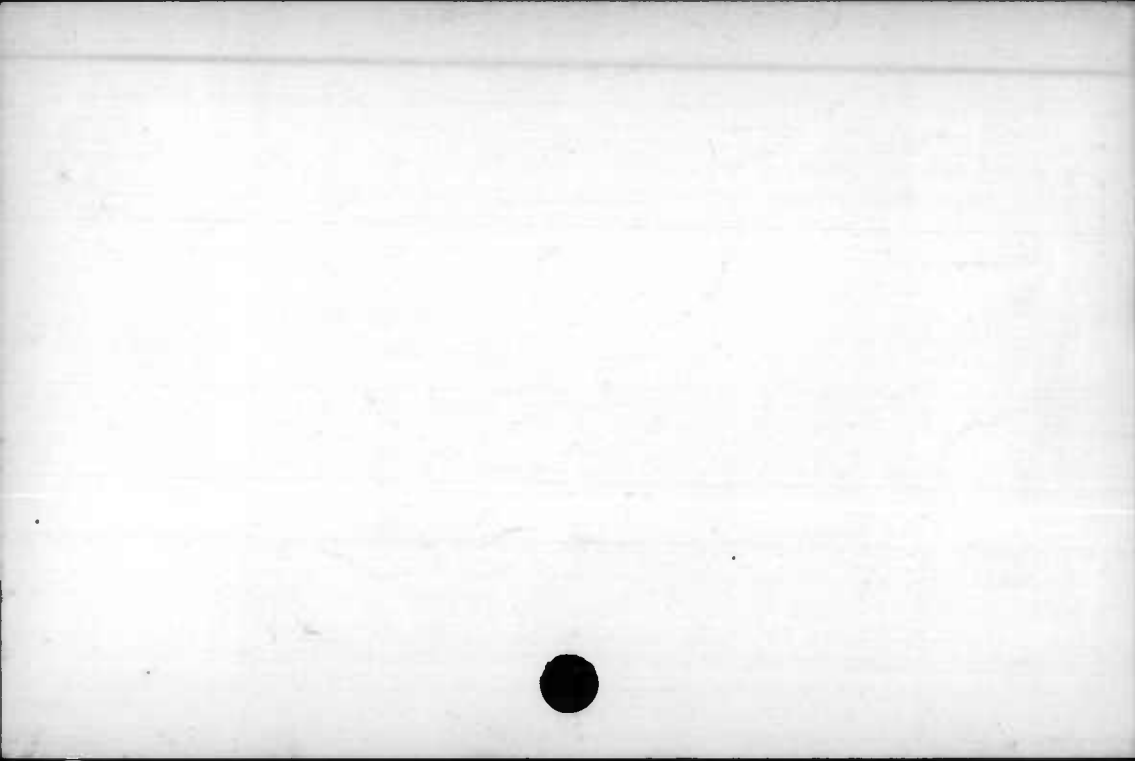
Immediate Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above? ☒Signature of
Physician

Address

Walter Pearson
Waynesboro, PaAccident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annire Elizabeth Crowker

Town

County

Died at

Greensburg

Washington

MARYLAND

Date

of death 1905

Month

7

Day

13

Years

Age 7 mo 26 da.

Months

7

Days

26

Sex

Female

Color or
Race

White

Birth-
place

Greensburg

Occupation

Where Residing if not
at place of death~~Married~~ Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name

Charles Gouker

Father's
Birthplace

Greensburg

Mother's
Maiden Name

Catharine Elizabeth Santy

Mother's
Birthplace

Greensburg

Name of person giving
In formation

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Pneumonia

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

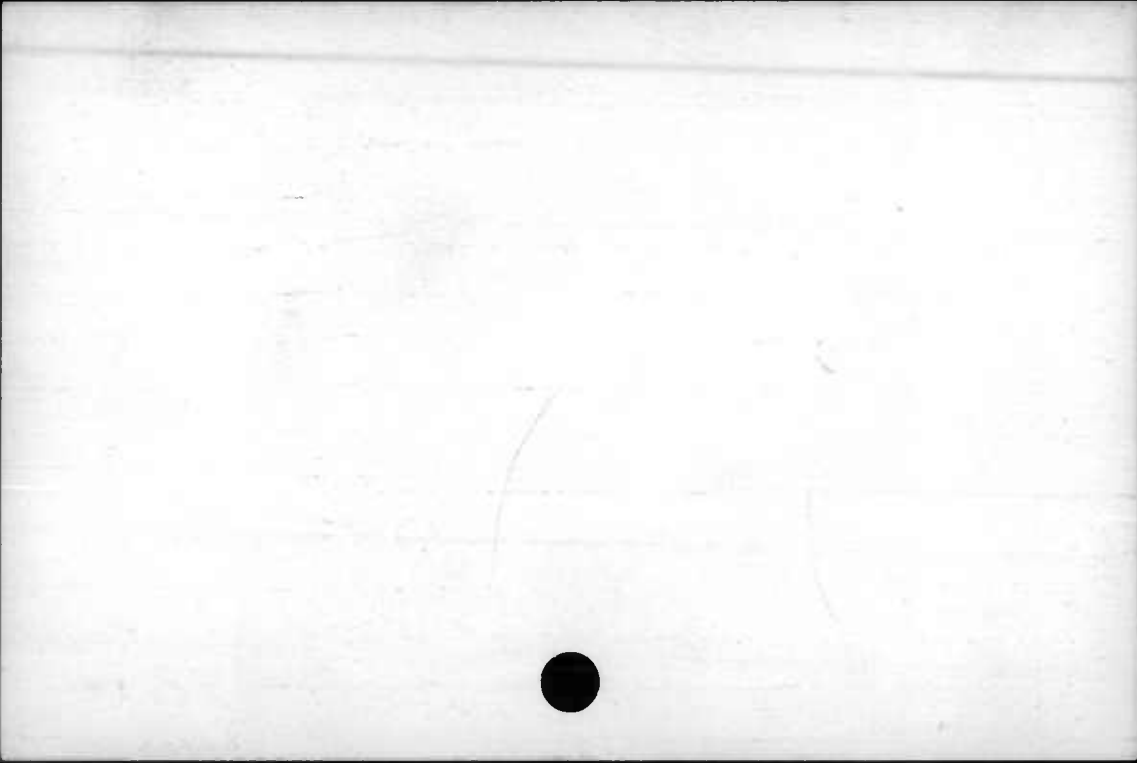
Yes

Signature of
Physician

M. S. Myfawer

Address

Smithsburg
Maryland~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary Alice Bouker		Town Greensburg		County Washington		MARYLAND	
Died at		Date of death 1905		Month 7		Day 15	
Age 7		Years 28		Months		Days	
Sex Female		Color or Race White		Birth-place Greensburg			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Charles Bouker		Father's Birthplace Wash. Comd					
Mother's Maiden Name Katie Sauty		Mother's Birthplace Greensburg					
Name of person giving information Father		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

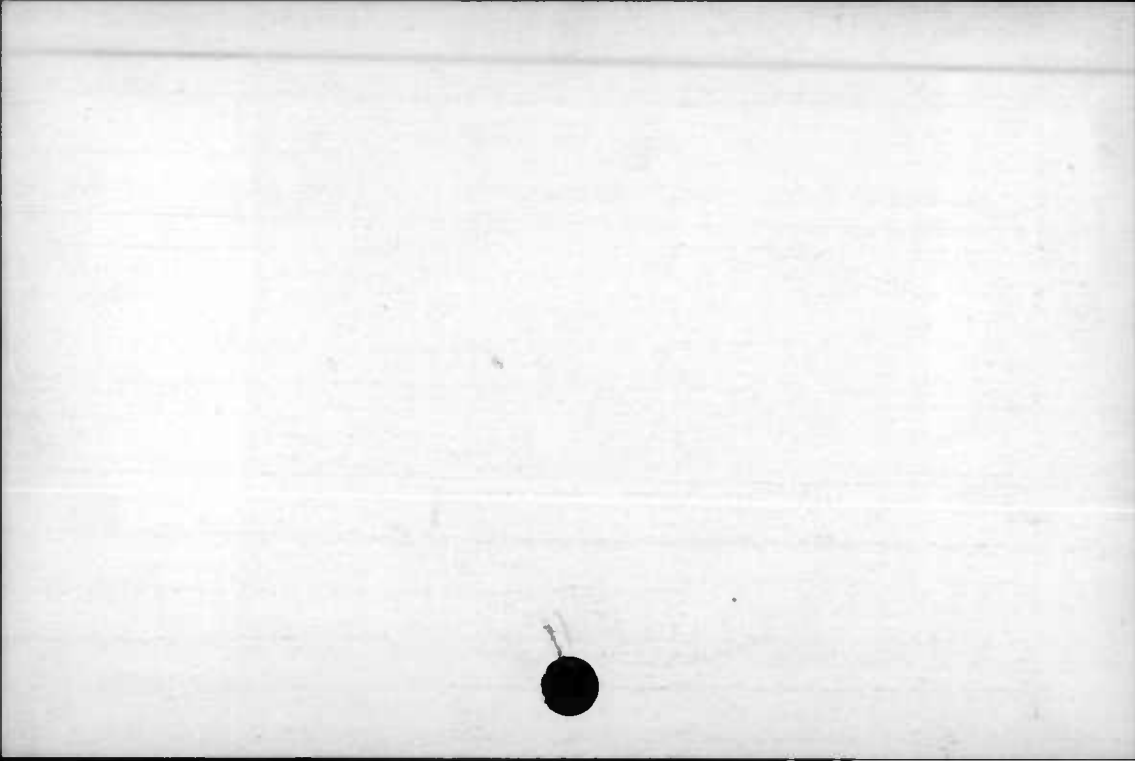
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

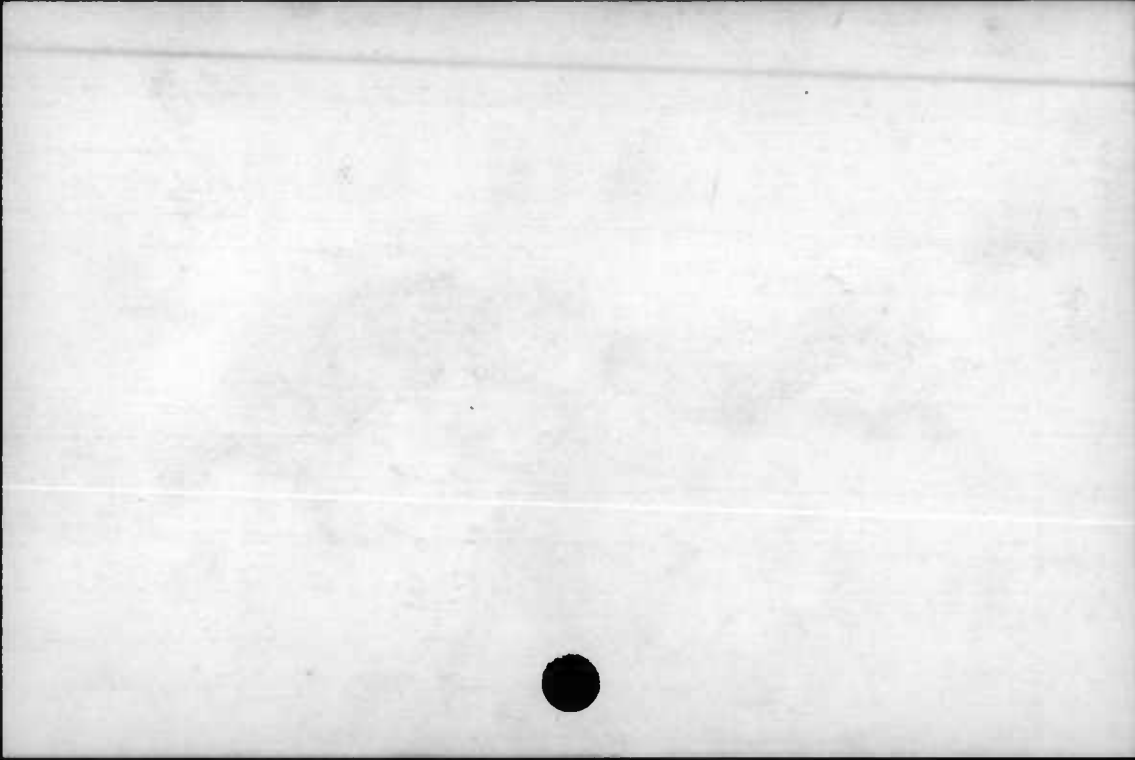
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>7</i> <small>Month</small>	<i>15</i> <small>Day</small>	Age <i>71</i> <small>Years</small>	<i>4</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>		<i>2</i> <small>Days</small>	
Occupation <i>House work</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name <i>Isaac Rowland</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Margaret Adams</i>	Mother's Birthplace				
Name of person giving information <i>Samuel E. Hammett</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

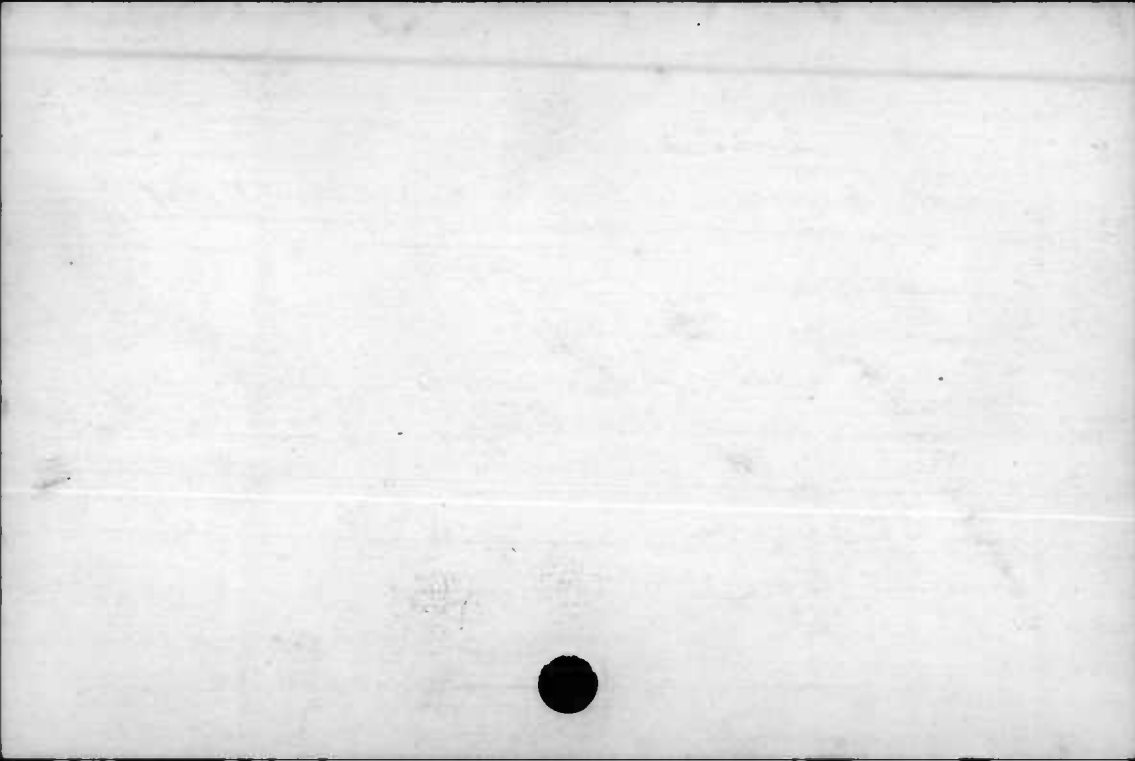
Primary <i>Cancer (face & nose)</i>	How long <i>44</i> <small>Years</small>	<i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>several months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Pagan</i>	
	Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>No</i>		



Name in Full		Certificate of Death			
Rose S Harbaugh		MARYLAND			
Died at ^{Town} Hazerstone ^{County} Washington					
Date of death 1900		Month 7	Day 5	Age 1	Months - Days -
Sex Male	Color or Race white	Birth-place Md			
Occupation Child	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Aaron Harbaugh	Father's Birthplace Pa				
Mother's Maiden Name Amanda C. Crouse	Mother's Birthplace Pa				
Name of person giving information Aaron Harbaugh	How related to deceased Father				
CAUSES OF DEATH					
Primary Spasms		How long for hrs			
Immediate Spasms		How long for hrs			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. C. Offner			
		Address Hazerstone Md			
		Permit to Burial			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Barbara A Hildibrand

CERTIFICATE OF DEATH

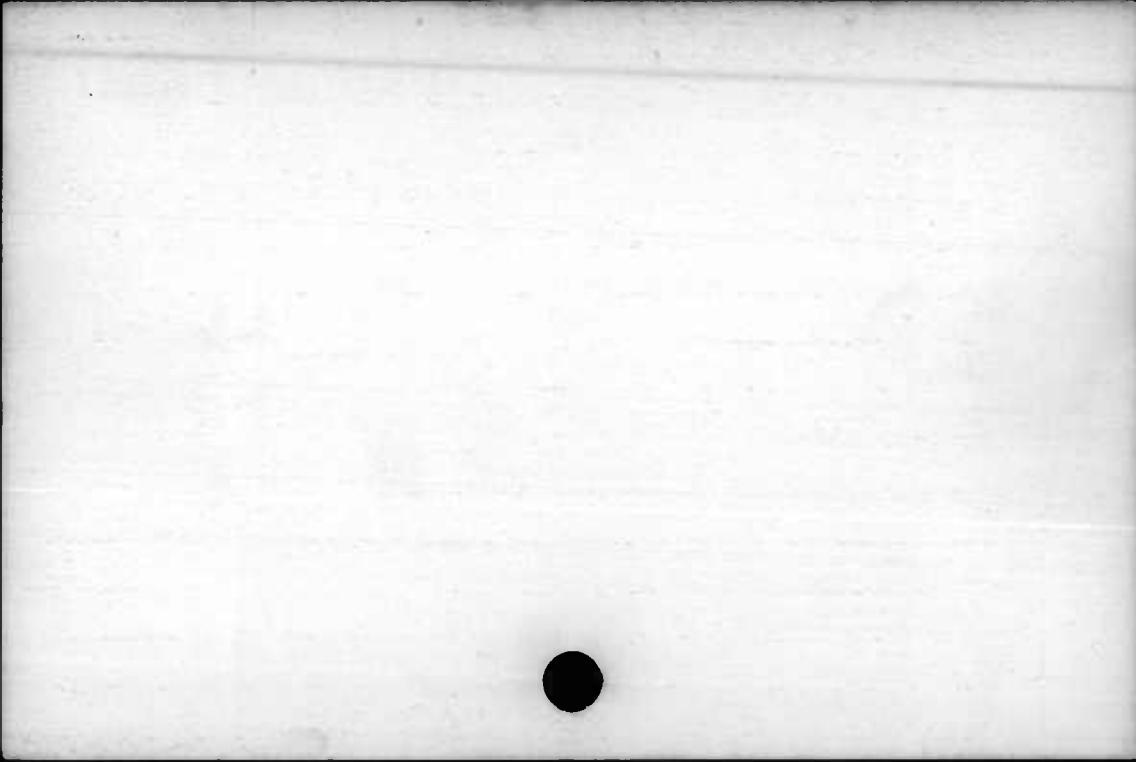
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roanoke</i>		Town <i>Roanoke</i>		County <i>Roanoke</i>		State <i>VA</i> MARYLAND	
Date of death	190	Month	7	Day	8	Age	70
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Smithsburg Md</i>
Occupation	<i>House Wife</i>			Where Residing if not at place of death		<i>Roanoke</i>	
Married, Single or Widowed				Name of Wife or Husband		<i>Mrs Barbara Hildibrand</i>	
Father's Name	<i>Benjamin Oswald</i>				Father's Birthplace	<i>Wash. Co.</i>	
Mother's Maiden Name	<i>Don't Know</i>				Mother's Birthplace	<i>Don't Know</i>	
Name of person giving information	<i>H. B. Donaldson</i>				How related to deceased	<i>Son-in-Law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asthma</i>	How long	<i>Several Days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Geo. B. Forver Undertaker</i>
		Address	<i>Smithsburg Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

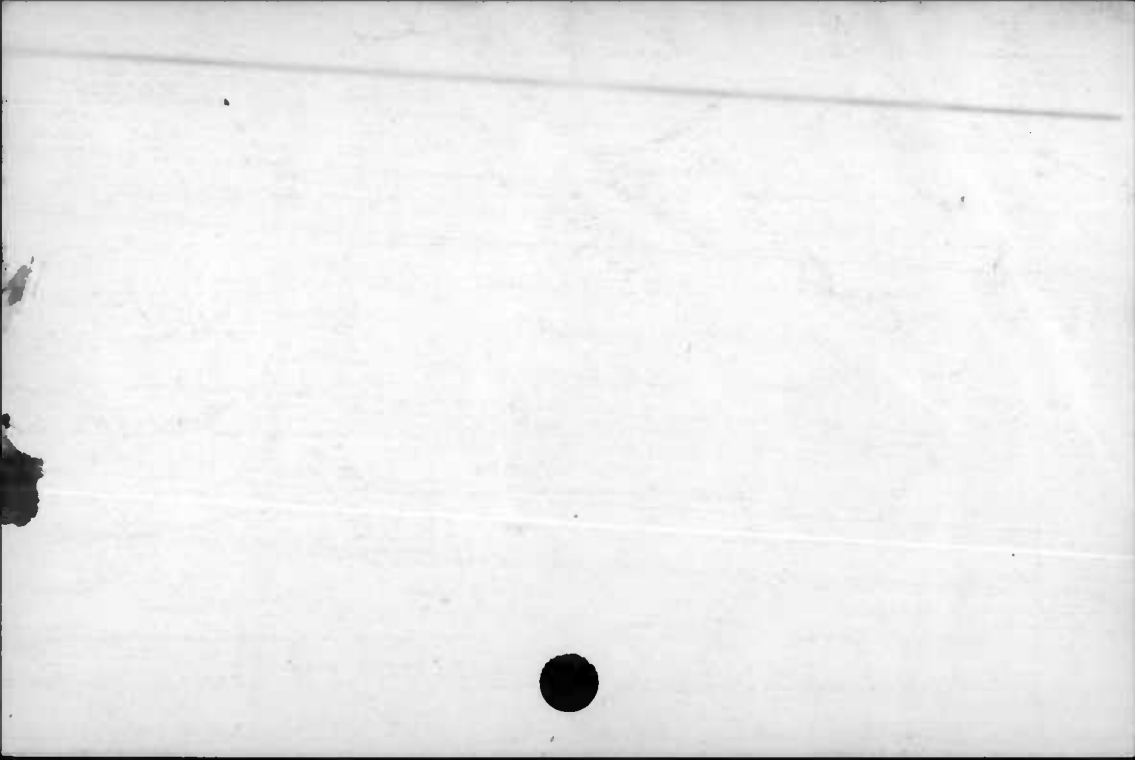
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mrs Martha Holbert		Town Hyeth		County Washington		MARYLAND	
Died at Hyeth		Month 7		Day 6		Years 72	
Date of death 1908		Months —		Days —			
Sex Female		Color or Race White		Birth-place md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband Henry Holbert					
Father's Name John Speaks		Father's Birthplace md					
Mother's Maiden Name Jane Early		Mother's Birthplace md					
Name of person giving information Saureau Lilly		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Two years
Immediate	Paralysis overdose	How long	Two years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. D. Boyle M.D.	
		Address Washington	
Accident or Suicide			



Name
in
Full

Addie Humes

CERTIFICATE OF DEATH

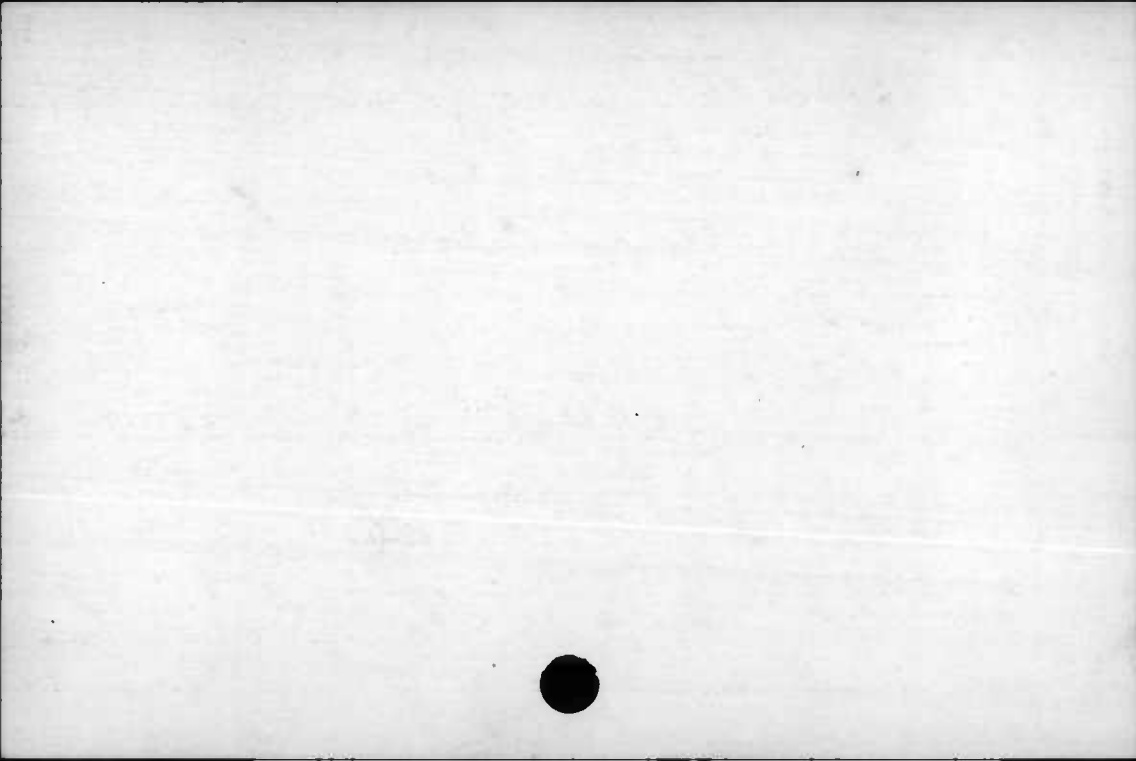
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		7	8	33			
Sex	Female		Color or Race	Colored		Birth-place	Maryland
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Jacob Humes				Father's Birthplace	Maryland	
Mother's Maiden Name	Don't know				Mother's Birthplace		
Name of person giving information	Mollie Kettles				How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 years
Immediate	Tuberculosis		How long	A few days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			E. H. Schindel, M.D.	
			Address	
			Hagerstown, Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearspring</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>2</i>	Age <i>68</i> ^{Years}	<i>8</i> ^{Months} <i>13</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death <i>Frankstown</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Joseph Kindell</i>			Father's Birthplace		
Mother's Maiden Name <i>Rebecca Sykes</i>			Mother's Birthplace		
Name of person giving information <i>Mrs Kindell</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rupture of Blood Vessel</i>	How long	<i>(45)</i>
Immediate	<i>Loss of Blood</i>	How long	<i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas T. Mason, M.D.</i>	
		Address <i>Clearspring, Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		7	2	3	3	2	3
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
J. F. Leckrone				Md			
Gertie Lantz				Md			
Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bilious Remittent Fever	How long	seven weeks
Immediate	Diphtheria	How long	three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Wishard	
		Address	
		Letersburg, Md	
Accident or Suicide?			

7tag.



Name
in
Full


CERTIFICATE OF DEATH

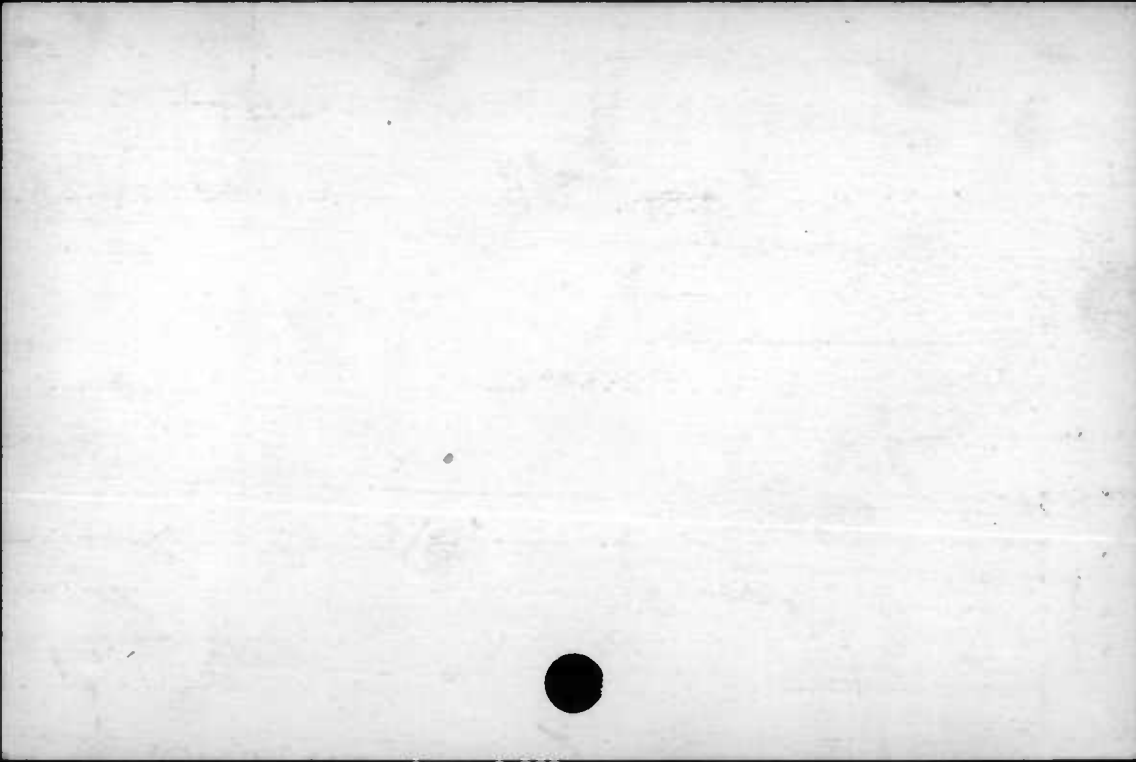
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ann Catharine Leiter</i>		Town <i>Leitersburg</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Leitersburg</i>		Month <i>July</i>		Day <i>21</i>		Years <i>82</i>	
Date of death <i>1905</i>		Months		Days <i>21</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>X</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Leitersburg</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Isaac G. Leiter</i>					
Father's Name <i>James Swailes</i>		Father's Birthplace <i>X</i>					
Mother's Maiden Name <i>Catharine Reichard</i>		Mother's Birthplace <i>X</i>					
Name of person giving information <i>Chas. G. Leiter</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Morbus</i>	How long <i>four days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Wishard</i>
	Address 
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

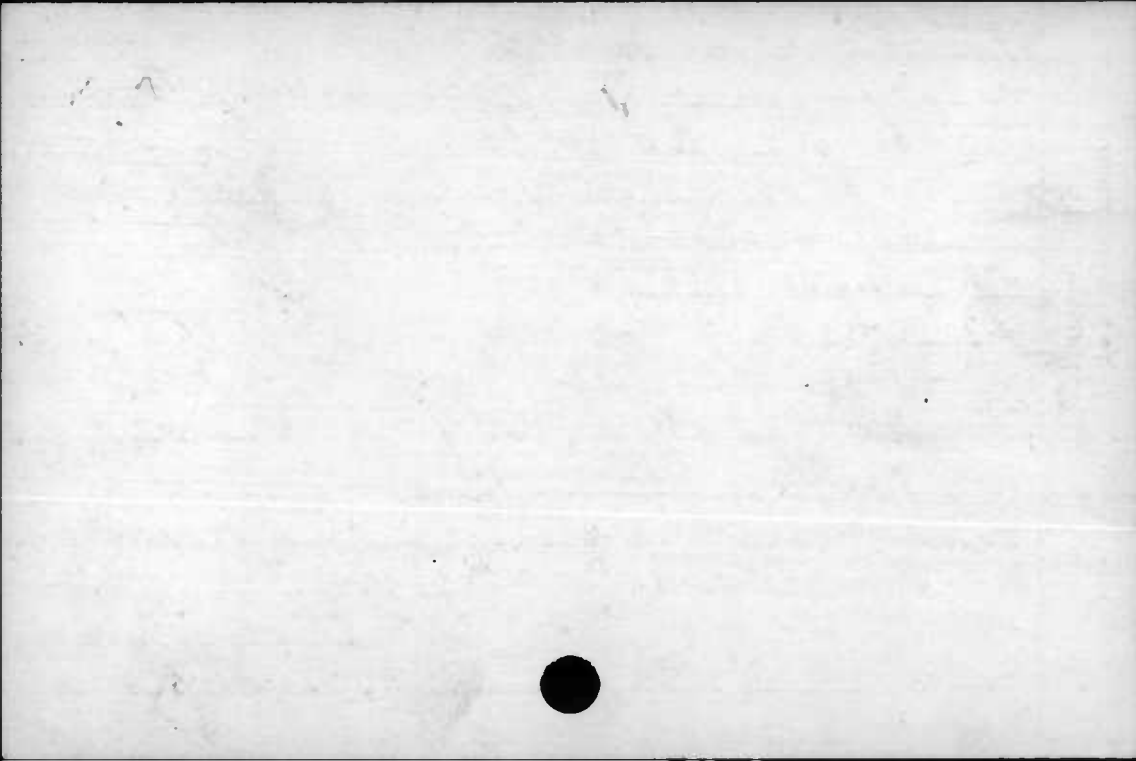
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Lewis</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>20</i>		Age <i>3-6</i>	
Date of death <i>1903</i>		Years <i>3-6</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>Employment agent</i>		Where residing if not place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Levinis Lewis</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Amelia Perkins</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Mrs. Geo. Robinson</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch. Schuler</i>
Address <i>Hagerstown</i>	
Accident or Suicide? <i>No.</i>	



Name
in
Full

Robert Lowman

No 258

CERTIFICATE OF DEATH

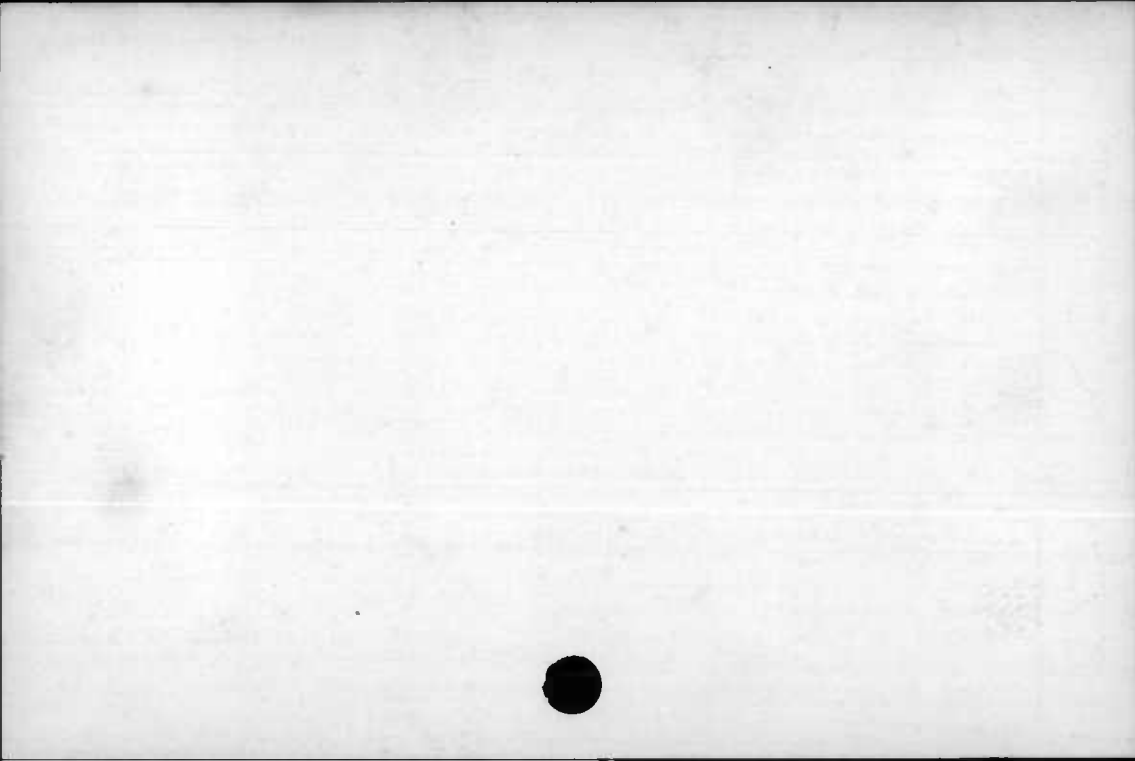
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamport</i>		Town <i>Washington</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>28</i>	Age <i>5</i>	Years <i>5</i>	Months <i>10</i>	Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Coffmansville Md</i>			
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Franklin L Lowman</i>		Father's Birthplace <i>Seetersburg</i>					
Mother's Maiden Name <i>Jennie McCauley</i>		Mother's Birthplace <i>Cheesville</i>					
Name of person giving information <i>F. L. Lowman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bilious Dysentery</i>	How long <i>Two weeks</i>
Immediate <i>Obstruction</i>	How long <i>Short Time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamport Md</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Parkhead Wash* CountyDate of death *1903* *July* *28* *1* *3* *28*
Month Day Years Months DaysSex *Female* Color or Race *White* Birth-place *Parkhead*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name *John McAllister*Father's Birthplace *Ind.*Mother's Maiden Name *Georgiana Weaver*Mother's Birthplace *Ind.*Name of person giving information *Father*How related to deceased *Father*

CAUSES OF DEATH

Primary *Acute Enterocolitis*How long *2 weeks*Immediate *Exhaustion*

How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

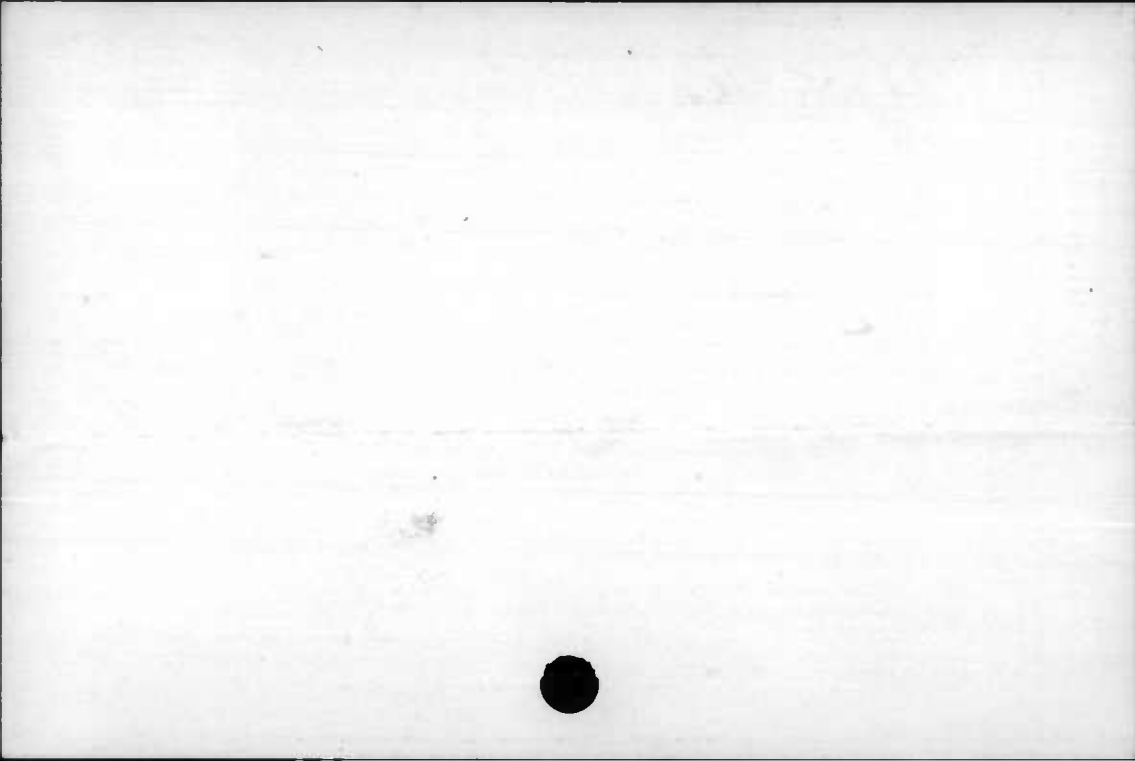
Signature of Physician

Address

Alfred Hancock
Ind.

Accident or Suicide?

No



Name
in
Full

Thomas H Monegan

CERTIFICATE OF DEATH

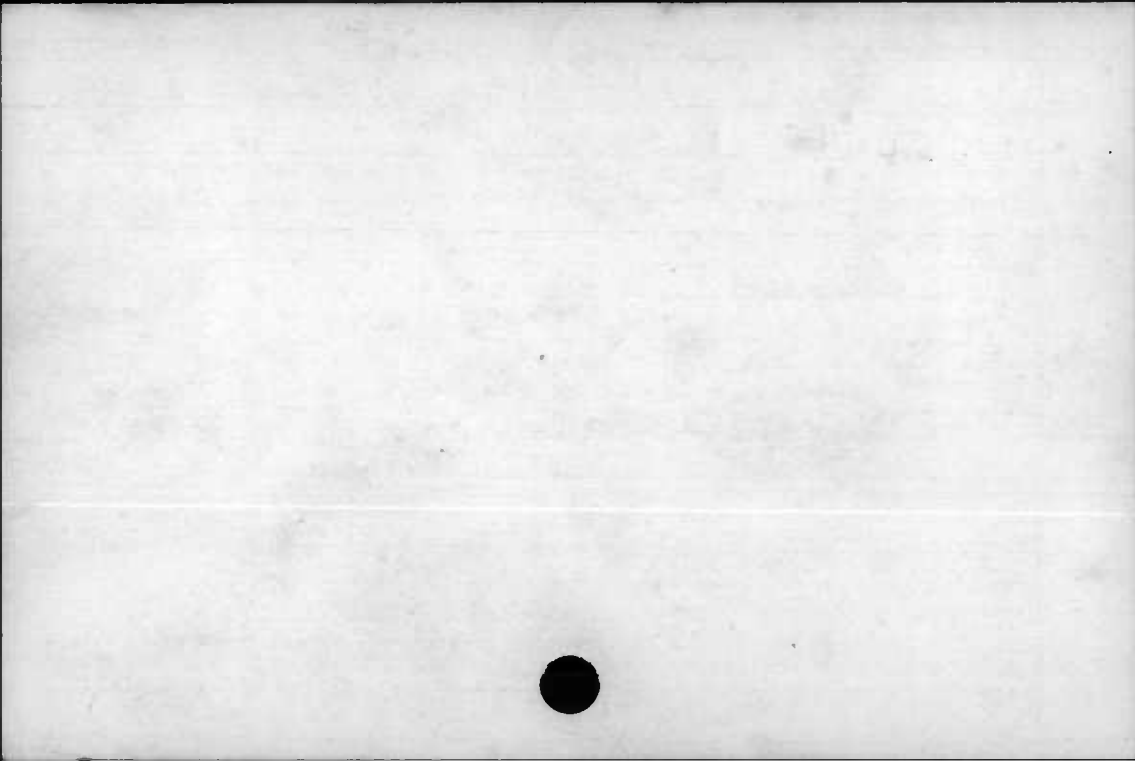
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>7</i>	Day	<i>13</i>
Age		Years		Months	Days
<i>Male</i>		Color or Race <i>White</i>		Birth-place	<i>md</i>
Occupation <i>Child</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Hugh B. Monegan</i>		Father's Birthplace		<i>md</i>	
Mother's Maiden Name <i>Bessie McCardell</i>		Mother's Birthplace		<i>md</i>	
Name of person giving information <i>Bessie Monegan</i>		How related to deceased		<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Small Pneumonia</i>	How long	<i>61</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. D. Stauffer</i>	
		Address <i>Hagerstown md</i>	
Accident or Suicide?			



Name
in
Full

Emma Esther Myers

CERTIFICATE OF DEATH

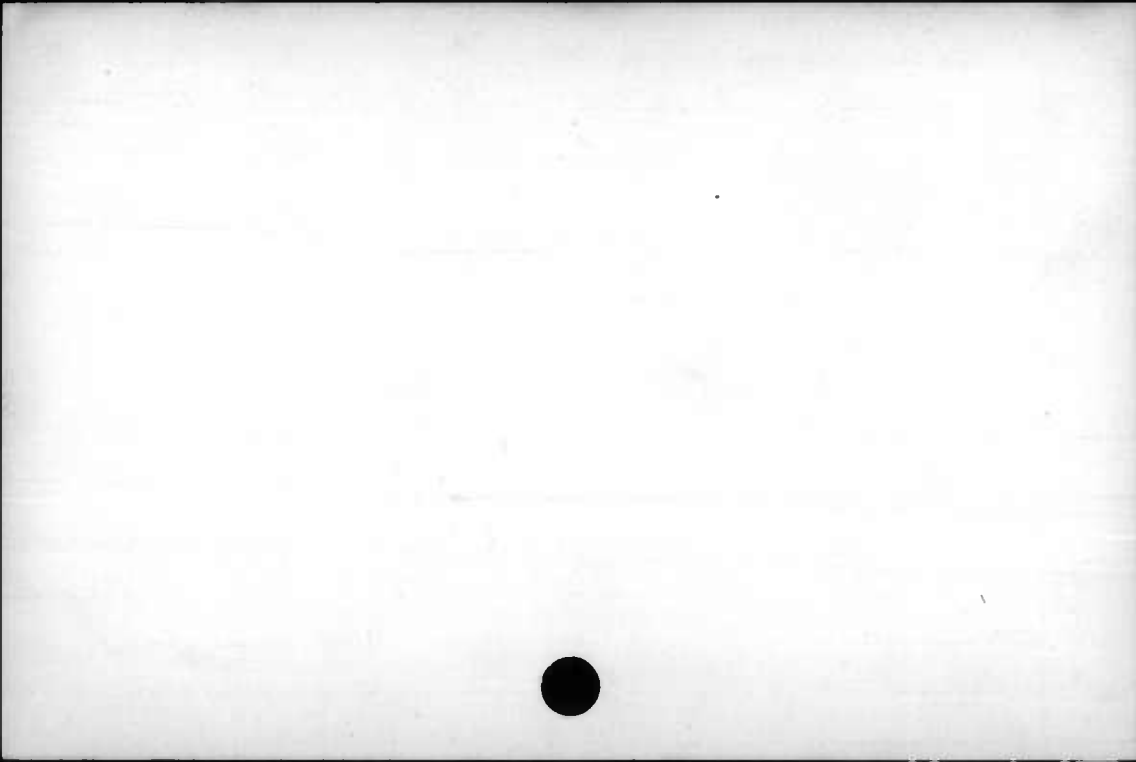
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Leidersburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>17</i>	Age <i>41</i>	Years	Months <i>16</i>	Days <i>17</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Leidersburg</i>				
Occupation <i>House Wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name <i>Levi Luther Rademan</i>	Father's Birthplace						
Mother's Maiden Name <i>Marlinde Steffy</i>	Mother's Birthplace						
Name of person giving Information <i>Mr. Marlinde Rademan</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>20 months</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Massie M.D.</i>
	Address <i>Smithsburg</i>
Accident or Suicide?	<i>Physician most of the time</i>



Name
in
Full

CERTIFICATE OF DEATH

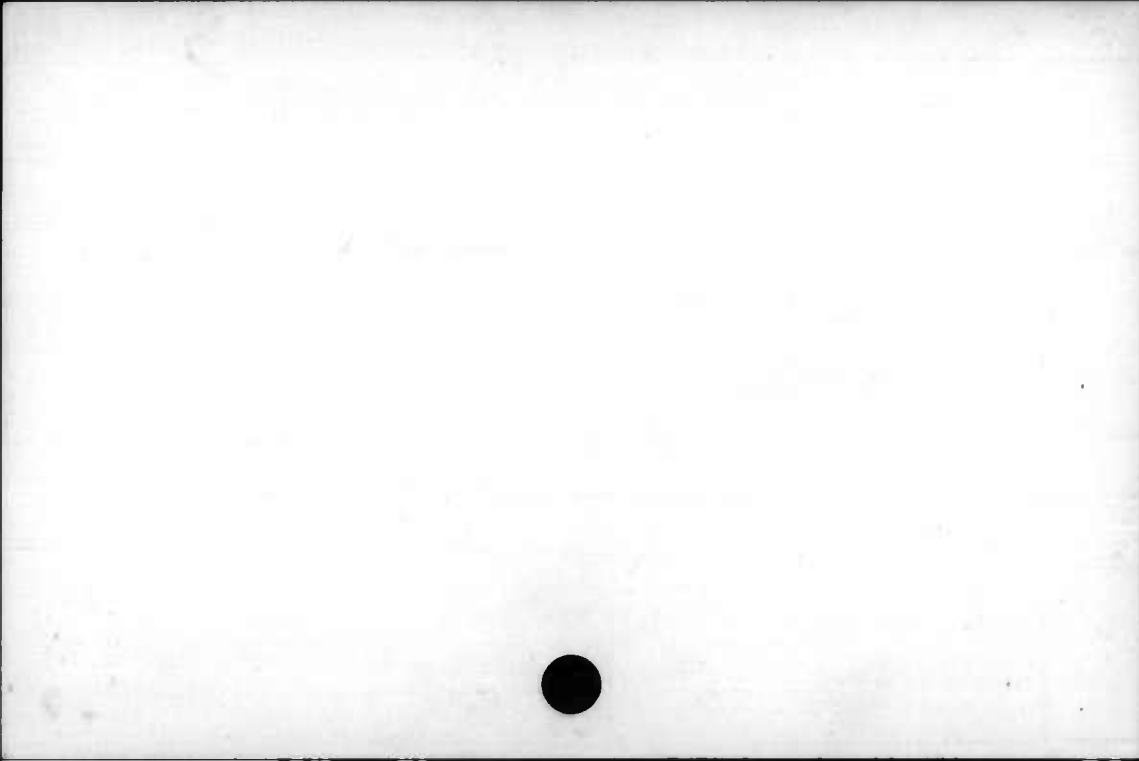
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brownsville</i>		County <i>Washington</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1905</i>	Month <i>7</i>	Day <i>9</i>	Age <i>80</i>	Years	Months <i>7</i>	Days <i>9</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Moab</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Henry Nichols</i>					Father's Birthplace	<i>Moab</i>
Mother's Maiden Name	<i>Mary Houser</i>					Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Annie Jennings</i>					How related to deceased	<i>Niece</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>3 yrs</i>
Immediate	<i>"</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Garter</i>
		Address	<i>Brownsville Moab</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

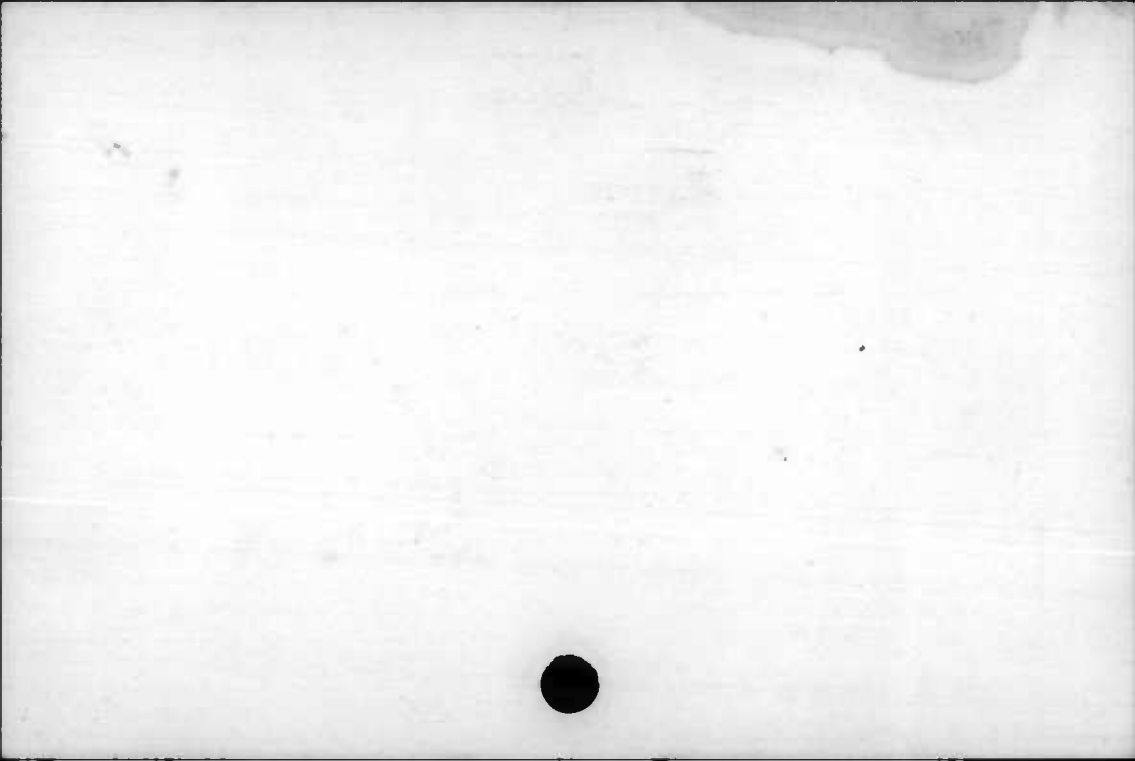
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wenock</i> Town <i>Washington</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>July</i> Day <i>16</i>	Age <i>87</i> Years	Months <i>7</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Liberty Md</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Perkins</i>		
Father's Name <i>Jacob Giesy</i>	Father's Birthplace		
Mother's Maiden Name <i>Lusanna Leatherman</i>	Mother's Birthplace		
Name of person giving information <i>Lillian Perkins</i>	How related to deceased <i>Granddaughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Semility</i>	How long <i>Indefinite</i>
Immediate <i>Exhaustion</i>	How long <i>Indefinite</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. West</i>
<i>Yes</i>	Address <i>Amesville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

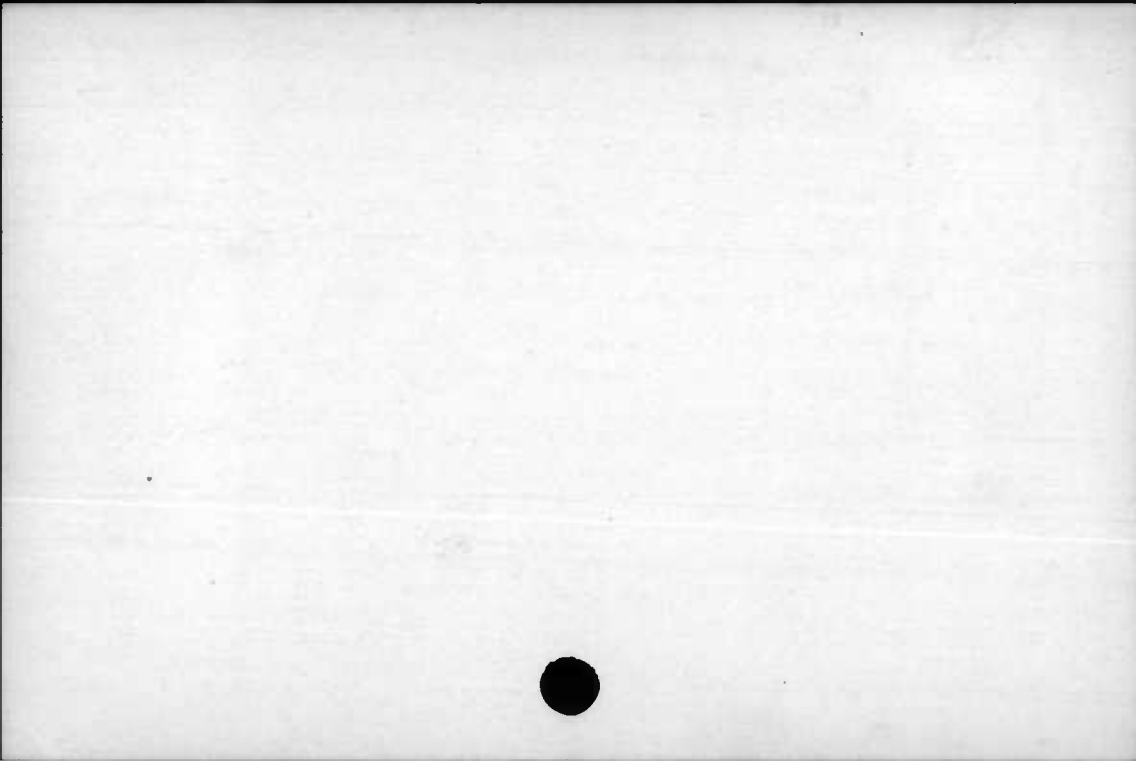
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Roe Pierce		Town Hagerstown		County Wash.		MARYLAND	
Died at		Date of death		Age		Months	
		1905		7 6		15	
Sex female		Color or Race white		Birth-place Md.			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name William Pierce		Father's Birthplace Md.					
Mother's Maiden Name Emma Potts		Mother's Birthplace "					
Name of person giving information Wm Pierce		How related to deceased father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	
Signature of Physician W B Boyle	
Address Hagerstown, Md.	
Accident or Suicide?	



Name
in
Full

Ida Ray Pope

No 256

CERTIFICATE OF DEATH

Died at ^{Town} *Bishops Farm*^{County} *Washington*

MARYLAND

Date of death *1905* ^{Month} *July*^{Day} *10*

Age

^{Years} *—*^{Months} *15*^{Days} *—*

Sex

*Female*Color or
Race*White*Birth-
place*Bishops Farm*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John Andrew Pope*Father's
Birthplace*in Neck*Mother's
Maiden Name*Shee Trine Bowers*Mother's
Birthplace*Downsville Pk*Name of person giving
Information*John A. Pope*How related
to deceased*Father*

CAUSES OF DEATH

Primary

convulsions

How long

one day

Immediate

convulsions

How long

*one day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. J. P. Gresham*

Address

Williamstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J F Krieger Undertaker

Name in Full

Certificate of Death

Mrs Leah Reynolds

Town

County

Died at

Caretown Washington

MARYLAND

Date 1905 July 5 Y. M. D. 71-10-18 Native of Wash D.C. Occupation Housewife

Male White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of

Wife

Father's

Name

Cause of

Primary

Paralysis

Death

Immediate

Heart Failure

Mother's Name

Elizabeth Ridenour

How long sick

Several months

Accident, Suicide, Homicide

Reported by

Address

Wm Reynolds

Caretown Md. Jos. Pothman M. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 57388



Name in Full		Nallie Ross				CERTIFICATE OF DEATH	
		Town		County		State	
Died at		Eaklas Mills		Washington		MARYLAND	
Date of death		1905	Month 7	Day 12	Age 13	Years 3	Months 5 Days
Sex		Female		Color or Race		Black	
Occupation		None		Birth-place		Eaklas Mills	
		Where Residing if not at place of death		Eaklas Mills			
Married, Single or Widowed		Name of Wife or Husband		George Ann Rose			
Father's Name		John Rose		Father's Birthplace		Virginia	
Mother's Maiden Name		George Ann Rollins		Mother's Birthplace		Washington Co	
Name of person giving information		James Toyer		How related to deceased		Uncle	
CAUSES OF DEATH							
Primary		Hereditary Influenza				How long 13 years	
Immediate		Tuberculosis				How long 1 year	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. M. Tihiser	
				Address		Theopille Md	
Accident or Suicide?							



Name
in
Full

Walter Shapr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hancock</u> Town		<u>Harrison</u> County		MARYLAND	
Date of death	1905	Month	July	Day	10
Age		Years		Months	Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Penna</u>	
Occupation <u>Laborer.</u>		Where Residing if not at place of death <u>Near Hancock Md. in Pennsylvania.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>John Shapr.</u>		Father's Birthplace <u>Penna.</u>			
Mother's Maiden Name <u>Lucy Shapr.</u>		Mother's Birthplace <u>Penna.</u>			
Name of person giving information <u>Andrew Norris</u>		How related to deceased <u>None.</u>			

CAUSES OF DEATH

Primary

Drowning

How long

17

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

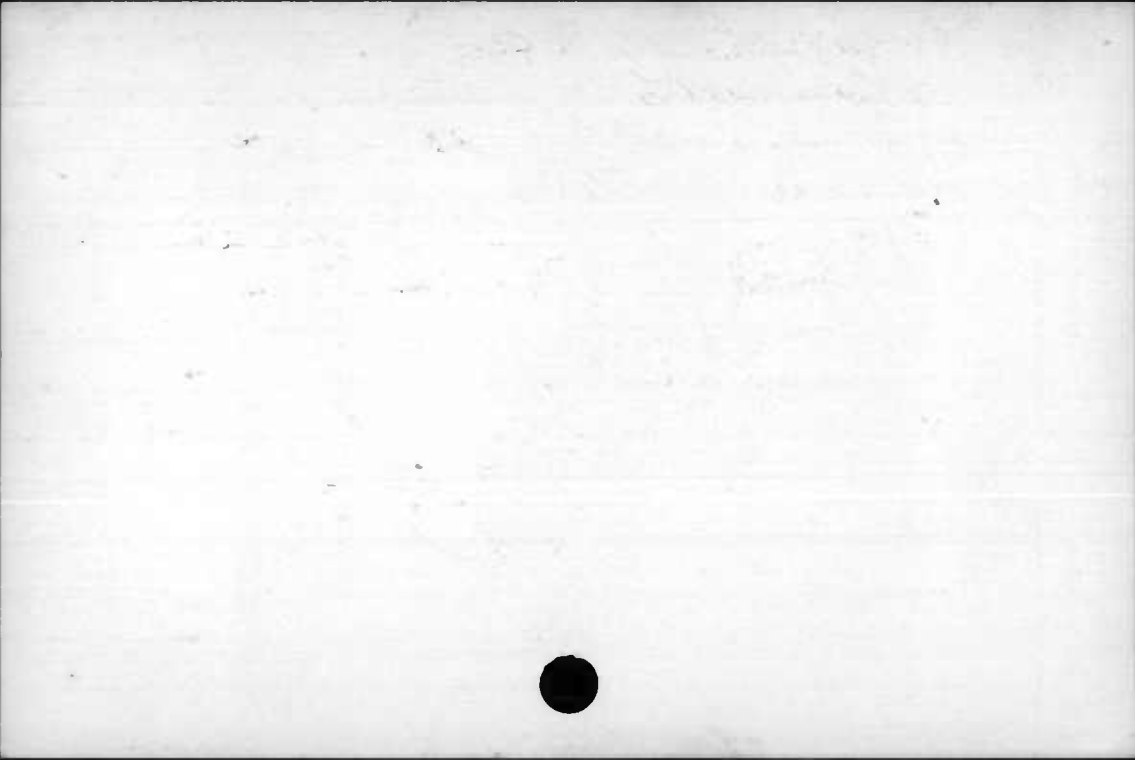
Martin Luther Boy

Address

75's, Hancock Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Stewart Martin Shaw.

CERTIFICATE OF DEATH

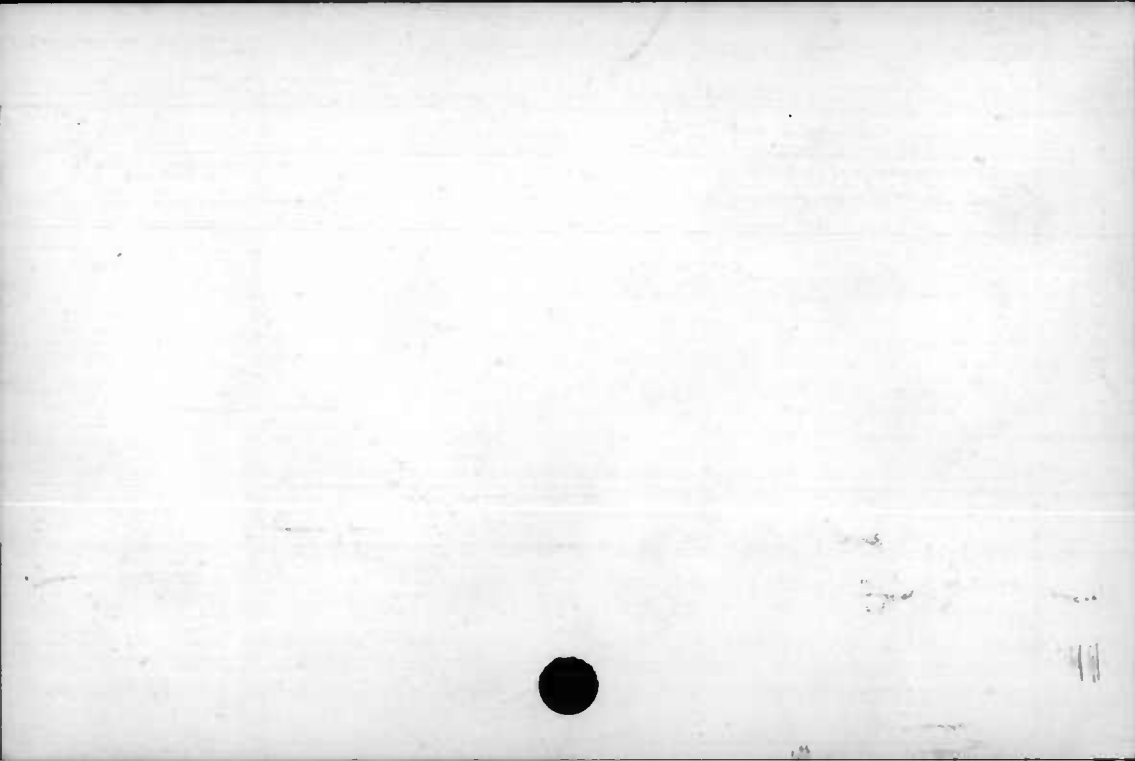
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>7</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Emory Shaw</i>				Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Mary Augusta Dady</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>J. E. Shaw</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sci. conf. y.</i>	How long <i>one hour</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. J. Pearson</i>
<i>yes</i>	Address <i>Hagerstown</i>
Accident or Suicide?	<i>X</i>



Name
in
Full

John Daniel Sheerly

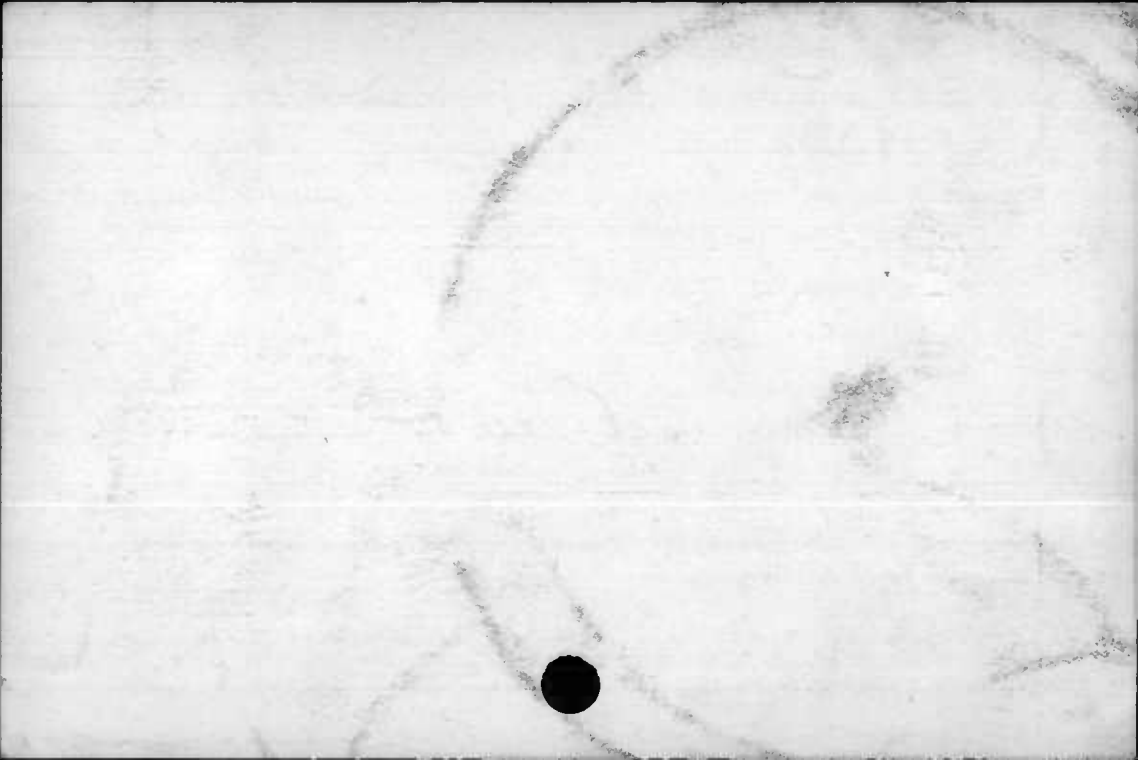
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death		1905	July	29	Age	22	-
Sex	Male		Color or Race	White		Birth-place	Na
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John W. Sheerly					Father's Birthplace	Na
Mother's Maiden Name	Rebecca Keyly					Mother's Birthplace	Na
Name of person giving information	Nannie Sheerly					How related to deceased	Sister

CAUSES OF DEATH

Primary	Penetrating wound of neck		How long	few minutes
Immediate	Hemorrhage		How long	- " "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Hagerstown, Md	
Accident or Suicide?				

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William James Steward		County Washington		State MARYLAND	
Died at Hagerstown		Town Hagerstown		County Washington	
Date of death 1903		Month July	Day 16	Years 64	Months —
Sex Male		Color or Race Colored		Birth-place Ind	
Occupation Laborer		Where Residing if not at place of death Ind			
Married, Single or Widowed Single		Name of Wife or Husband Ind			
Father's Name Not Known		Father's Birthplace Ind			
Mother's Maiden Name Ind		Mother's Birthplace Ind			
Name of person giving information Albert Reed		How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Corvetic Arteriosclerosis	How long 1 yr
Immediate Exhaustion	How long 1 yr
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M B Monson
Address Hagerstown Ind	
Accident or Suicide? No	



Name
in
Full

Mrs. Frances Eugenia Swain

CERTIFICATE OF DEATH

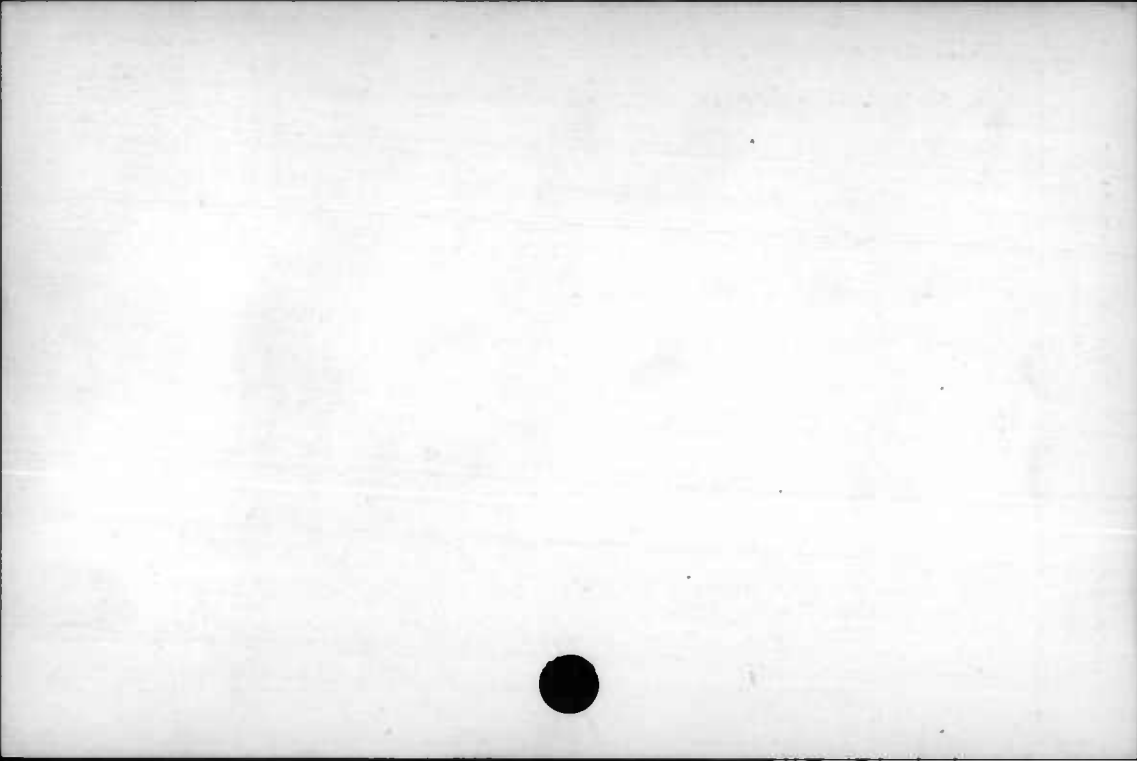
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Shenandoah		County Shenandoah		State Virginia	
Date of death		Month 7	Day 15	Years 51	Months 0	Days 17	
Sex Female		Color or Race white		Birth- place W. Va.			
Occupation H. W.		Where Residing if not at place of death Hagerstown, Md.					
Married, Single or Widowed married		Name of Wife Husband George Swain					
Father's Name John Kidwell		Father's Birthplace W. Va.					
Mother's Maiden Name Mary Saylor		Mother's Birthplace " "					
Name of person giving In formation Geo. Swain		How related to deceased husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Uremic Coma	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	John M. Ropp.
	Address
	Shenandoah, Va.
Accident or Suicide?	



Name
in
Full

Patrick Sweeney

CERTIFICATE OF DEATH

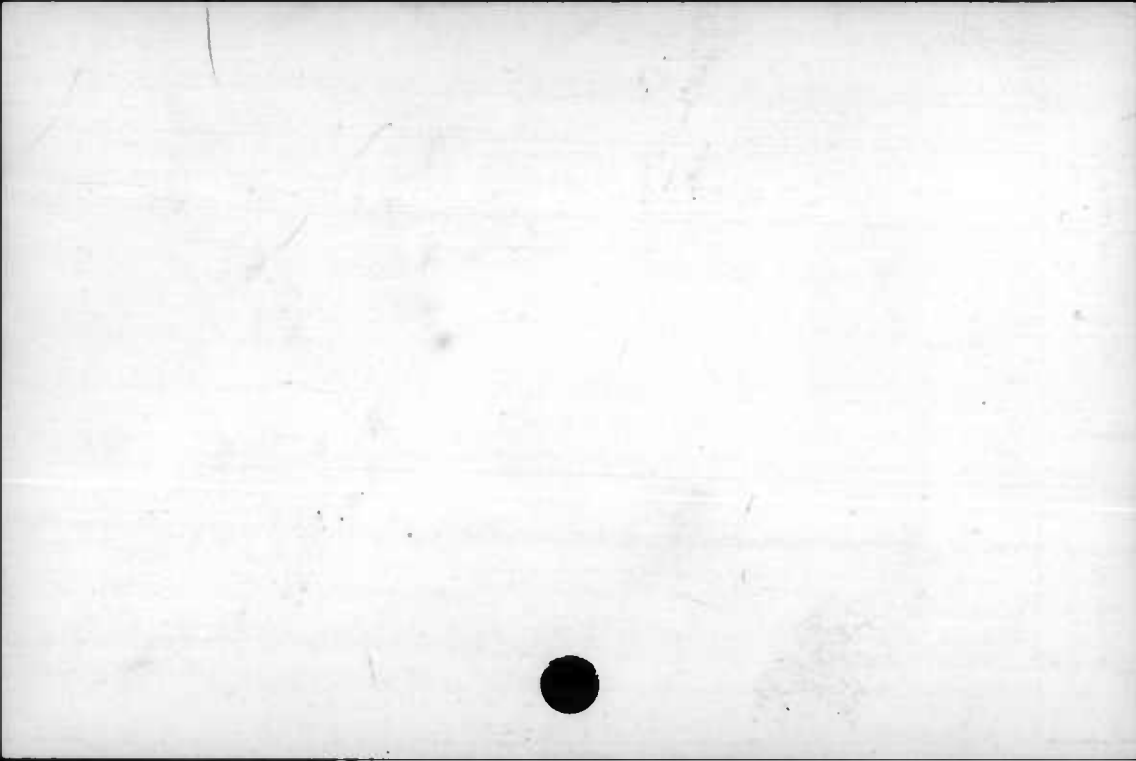
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hairplay</i> ^{Town}		County <i>Washington</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>20</i>	Age <i>68</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Edward Sweeney</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Louff</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Michael Sweeney</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sudden Heart Failure</i>	How long	
Immediate	<i>Sudden Heart Failure</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>V. M. Reichard</i>
		Address	<i>Hairplay.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1905	Month July	Day 20	Age 57	Years 9	Months 13
Sex Male		Color or Race White		Birthplace Dum # 5 H. Va			
Occupation Railroader		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Annie Maria Meads					
Father's Name George Wm Turner		Father's Birthplace Dum # 5 Va					
Mother's Maiden Name Elizabeth Ann Pool		Mother's Birthplace H. Va					
Name of person giving information Catharine Robinson		How related to deceased Sister					

CAUSES OF DEATH

Primary

Angina Pectoris

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. Richardson
Williamsport Md.

Accident or Suicide?

J. F. Whipple. Undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James S Turner		Town Hagerstown		County Washington		State MARYLAND	
Died at		Date of death 1901		Age 72		Months —	
Month 7		Day 3		Years 72		Days —	
Sex Male		Color or Race Colored		Birth-place md			
Occupation Mason		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband					
Father's Name Sumner Turner		Father's Birthplace md					
Mother's Maiden Name Lucinda Sands		Mother's Birthplace md					
Name of person giving information Lora Turner		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculous	How long	9 mos
Immediate	Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. K. Coffman	
		Address Hagerstown md	
Accident or Suicide?		Mundtaker	

Matthias

Half Day

Name
in
Full

Earl Anthony Wastler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Wash.

MARYLAND

Date of death 190 ^{Month} 7 ^{Day} 24 Age ^{Years} ^{Months} 6 ^{Days} 3

Sex male Color or Race white Birth-place Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____

Father's Name Chas. A. Wastler Father's Birthplace Md.

Mother's Maiden Name Mary E. Alexander Mother's Birthplace "

Name of person giving information C. A. Wastler How related to deceased father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

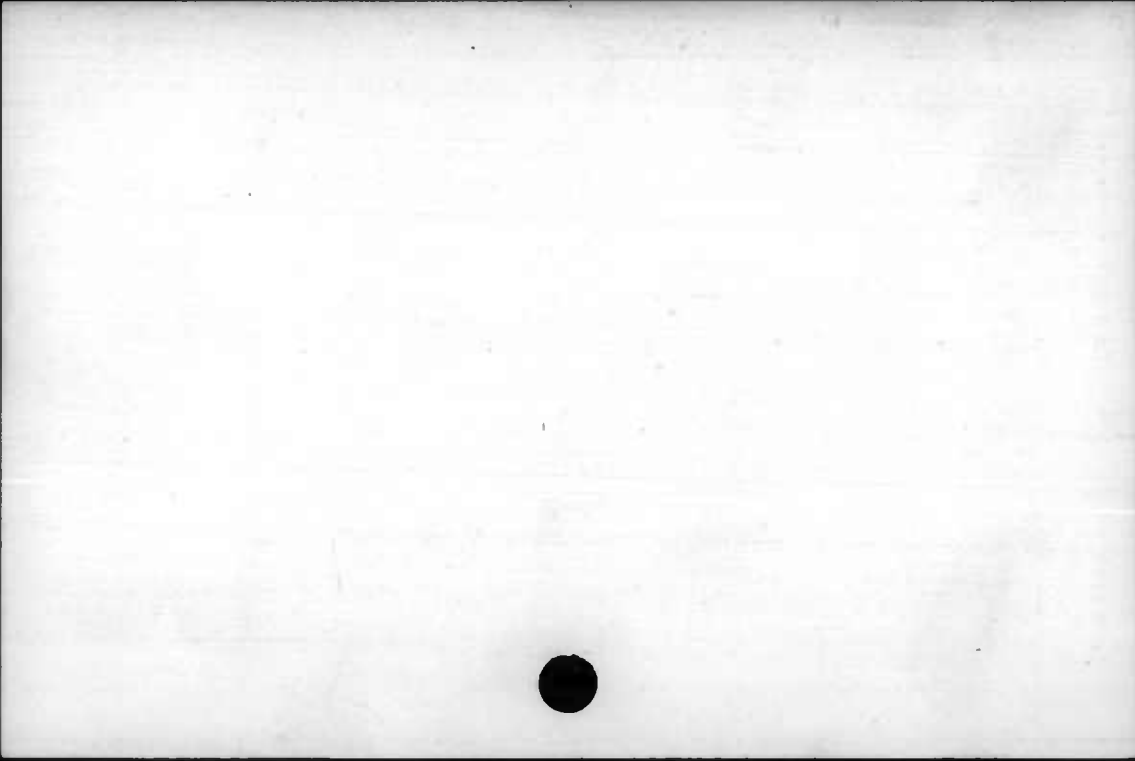
Primary _____ How long _____

Immediate Isaetro. Enteritis How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas B Boyle
Address Hagerstown Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barnesboro		County Washington		MARYLAND	
Date of death		1905	Month July	Day 2nd	Age	Years	Months —
Sex		Male		Color or Race		White	
Occupation		Home		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Albert Wilhite S.				Father's Birthplace	
Mother's Maiden Name		Florence Emerson				Mother's Birthplace	
Name of person giving information		Albert Wilhite				How related to deceased	
						Fishes	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	J. Hubert Wade M.D.
	Address
	Barnesboro,
	Maryland.
Accident or Suicide?	

